

CHAPTER 7. SAFETY STANDARDS FOR HEALTH FACILITIES

ARTICLE 1 GENERAL

7-101. Scope.

The regulations in this part shall apply to the administrative procedures necessary to implement the Alfred E. Alquist Act of 1983 and to comply with State Building Standards Law.

Section 129680, Health and Safety Code, authorizes the OSHPD to enforce and amend the California Building Standards Code for the safety of hospitals, skilled nursing facilities and intermediate care facilities.

Unless otherwise stated, all references to sections of statute are sections found in the Health and Safety Code.

7-103. Jurisdiction.

The following are within the jurisdiction of Office of Statewide Health Planning and Development:

(a) For development of regulations in the California Building Standards Code and enforcement thereof.

1. Hospital buildings as defined by 129725, Health and Safety Code. Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

2. Skilled nursing facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

3. Intermediate care facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

(b) For development of regulations in the California Building Standards Code.

1. Clinics, as defined by Section 1200 and 129725 (b) (1), Health and Safety Code, are under the jurisdiction of the local building official for enforcement, except as otherwise specified in Article 21, Section 7-2104 (d) of this chapter.

EXCEPTION: When licensed under an acute care hospital and serving more than 25 percent inpatients pursuant to Sections 129725 (b) (1) and 129730, Health and Safety Code, the Office shall retain jurisdiction for enforcement.

2. Correctional Treatment Centers, as defined by Section 129725 (b) 6, 7 (A) or 7 (B), Health and Safety Code, operated by or to be operated by a law enforcement agency of a city, county or a city and county are under the jurisdiction of the local enforcing agency for enforcement.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

(c) For hospital buildings, skilled nursing facilities and intermediate care facilities, the Office shall also enforce the regulations of the California Building Standards Code as adopted by the Office of the State Fire Marshal and the Division of the State Architect/Access Compliance Section, for fire and life safety and accessibility compliance for persons with disabilities, respectively.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

7-104. Alternate Method of Compliance.

The provisions of the California Building Standards Code (CBSC) are not intended to prevent the use of any alternate method of compliance not specifically prescribed by the CBSC, provided written approval for such alternate method has been granted by the Office. Alternate methods include Alternate Means of Protection, Alternate Method of Compliance, Alternate System, designs required by regulations to be specifically approved by the enforcing agency, and Program Flexibility. A written request shall be submitted to the Office with an Alternate Method of Compliance form, provided by the Office, and supporting documentation as necessary to assist the Office in its review. The written request shall include substantiating evidence in support of the alternate. If the request is submitted prior to the submittal of construction documents, an Application for Plan Review form must also be submitted with a fee pursuant to Section 7-133(a)3. A request approved by the Office shall be limited to the specific request and shall not be construed as establishing a precedent for any future requests. The provisions of the following sections must also be met: Section 104.11 of Appendix Chapter 1 and Section 1224.2, California Building Code; Article 90.4, California Electrical Code Section 105.0 of Appendix Chapter 1, California Mechanical Code; Section 301.4, California Plumbing Code; and Section 111.2.4 of California Chapter 1, California Fire Code.

7-107. Interpretation.

No regulation shall be construed to deprive the Office of its right to exercise the powers conferred upon it by law, or to limit the Office in such enforcement as is necessary to secure safety of construction, as required by Division 107, Chapter 7 (commencing with Section 129675), Health and Safety Code.

7-109. Application of Regulations.

(a) Except as otherwise provided, these regulations and all applicable parts of the California Building Standards Code shall be the basis for design, plan review and observation of construction of hospital buildings, skilled nursing facilities and intermediate care facilities.

(b) Deleted.

(c) Additions, structural repairs or alterations to existing health facilities shall be made in accordance with the provisions of Part 2, Title 24, California Code of Regulations, California Building Standards Code.

(d) Before any health facility not previously licensed under Section 1250 of the Health and Safety Code can be licensed and used as a health facility, the applicant shall provide substantiating documentation from a structural engineer that the building is in full conformance with the requirements of the California Building Standards Code for new buildings; if not, the building shall be reconstructed to conform to the requirements of the California Building Standards Code.

(e) Routine maintenance and repairs shall not require prior approval by the Office but shall be performed in compliance with the applicable provisions of the California Building Standards Code.

ARTICLE 2 DEFINITIONS

Unless otherwise stated, the words and phrases defined in this article shall have the meaning stated therein throughout Chapter 7, Part 1, Title 24.

7-111. Definitions.

ADDITION means any work which increases the floor or roof area or the volume of enclosed space of an existing building.

ALTERATION means any change in an existing building which does not increase and may decrease the floor or roof area or the volume of enclosed space.

ALTERNATE METHOD OF COMPLIANCE means the approved use of an alternative material, method of construction, device, or design to comply with an architectural, electrical, mechanical, or plumbing regulation.

ALTERNATE MEANS OF PROTECTION means the approved use of an alternative material, assembly, or method of construction to comply with a fire and life safety regulation pursuant to Section 111.2.4, California Chapter 1, California Fire Code.

ALTERNATIVE SYSTEM means the approved use of an alternative material, design, or method of construction to comply with a structural regulation.

APPROVED CONSTRUCTION DOCUMENTS means all plans, specifications, addenda, instruction bulletins, change orders, and deferred submittals that have the written approval of the Office. The identification stamp of the Office shall not be construed to mean the written approval of plans required by Section 7-113.

ARCHITECT means a person licensed as an architect under Chapter 3 (commencing with Section 5500), Division 3, the California Business and Professions Code.

ASSIGNMENT means the project scope of services, expected results, completion time and the monetary limitation for the services.

ASSOCIATED STRUCTURAL ALTERATIONS means any change affecting existing structural elements or requiring new structural elements for vertical or lateral support of an otherwise nonstructural alteration.

CANDIDATE means an applicant who is accepted by the Office as eligible to participate in a Hospital Inspector Certification Examination pursuant to the qualification criteria described in these regulations.

CIVIL ENGINEER means a person licensed as a civil engineer under Chapter 7 (commencing with Section 6700), Division 3, the California Business and Professions code.

CONSTRUCTION means any construction, reconstruction or alteration of, or addition or repair to any health facility.

DEFERRED SUBMITTALS see Section 7-126.

DIRECTOR means the Director of the Office of Statewide Health Planning and Development or the Director's designee authorized to act in his or her behalf.

ELECTRICAL ENGINEER means a person licensed as an electrical engineer under Chapter 7 (commencing with Section 6700), Division 3, the California Business and Professions Code.

ENGINEERING GEOLOGIST means a person certified as an engineering geologist under Chapter 12.5 (commencing with Section 7800), Division 3, the California Business and Professions Code, in that branch of engineering which is applicable.

EQUIPMENT

Equipment to be used in projects shall be classified as building service equipment, fixed equipment, or movable equipment.

(a) Building service equipment includes items such as heating, ventilating, and air conditioning equipment; electrical power distribution equipment; emergency power generation equipment; energy/utility management systems; conveying systems; and other equipment with a primary function of building service. Examples include humidification equipment, filtration equipment, chillers, boilers, and fire pumps.

(b) Fixed equipment includes items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment.

1. Fixed medical equipment includes, but is not limited to, such items as fume hoods, sterilizers, communication systems, imaging equipment, radiotherapy equipment, lithotripters,

hydrotherapy tanks, audiometry testing chambers, and surgical and special procedure lights.

2. Fixed non-medical equipment includes, but is not limited to, items such as walk-in refrigerators, kitchen cooking equipment, serving lines, conveyors, central computer equipment, laundry, and similar equipment.

(c) Movable equipment includes items that require floor space or electrical and/or mechanical connections but are portable, such as wheeled items, portable items, office-type furnishings, and diagnostic or monitoring equipment.

1. Movable medical equipment includes, but is not limited to, portable X-ray, electroencephalogram (EEG), electrocardiogram (EKG), treadmill and exercise equipment, pulmonary function equipment, operating tables, laboratory centrifuges, examination and treatment tables, and similar equipment.

2. Movable non-medical equipment includes, but is not limited to, personal computer stations, patient room furnishings, food service trucks, case carts and distribution carts, and other portable equipment.

FIRM includes any qualified corporation, legal entity, architect or engineer.

HEALTH FACILITY as used in this part and all applicable parts of the California Building Standards Code means any health facility licensed pursuant to Section 1250 of the Health and Safety Code under the jurisdiction of the Office.

(a) Hospital building includes:

1. "Hospital building" as used in this part and other applicable parts of the California Building Standards Code means any building used for a health facility of a type required to be licensed pursuant to Section 1250 of the Health and Safety Code.

2. Except as provided in paragraph (7) of subdivision (b), hospital building includes a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction of which was completed on or after March 7, 1973.

(b) "Hospital building" does not include any of the following:

1. Any building in which outpatient clinical services of a health facility licensed pursuant to Section 1250 are provided that is separated from a building in which hospital services are provided. If any one or more outpatient clinical services in the building provide services to inpatients, the building shall not be included as a "hospital building" if those services provided to inpatients represent no more than 25 percent of the total outpatient visits provided at the building. Hospitals shall maintain on an ongoing basis, data on the patients receiving services in these buildings, including the number of patients seen, categorized by their inpatient or outpatient status. Hospitals shall submit this data annually to the Department of Public Health.

2. Any building used, or designed to be used, for a skilled nursing facility or intermediate care facility, if the building is of single-story, wood-frame or light steel frame construction.

3. Any building of single-story, wood-frame or light steel frame construction in which only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care.

4. Any freestanding structures of a chemical dependency recovery hospital exempted under the provisions of subdivision (c) of Section 1275.2.

5. Any building licensed to be used as an intermediate care facility/developmentally disabled habilitative with six beds or less and any intermediate care facility/developmentally disabled habilitative of seven to 15 beds that is a single-story, wood-frame or light steel frame building.

6. Any building subject to licensure as a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction which was completed prior to March 7, 1973.

A. Any building that meets the definition of a correctional treatment center pursuant to subdivision (j) of Section 1250, for which the final design documents were completed or the construction of which was begun prior to January 1, 1994, operated by or to be operated by the Department of Corrections and Rehabilitation or by a law enforcement agency of a city, county, or a city and county.

B. In the case of reconstruction, alteration, or addition to, the facilities identified in this paragraph, and paragraph (6) or any other building subject to licensure as a general acute care hospital, acute psychiatric hospital, correctional treatment center, or nursing facility, as defined in subdivisions (a), (b), (j) and (k) of Section 1250, operated or to be operated by the Department of Corrections and Rehabilitation or by a law enforcement agency of city, a county, or city and county, only the reconstruction, alteration, or addition, itself, and not the building as a whole, nor any other aspect thereof, shall be required to comply with this chapter or the regulations adopted pursuant thereto.

HOSPITAL BUILDING SAFETY BOARD means the Board which shall advise the Director and, notwithstanding Health and Safety Code Section 13142.6 and except as provided in Section 18945, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of hospital building projects submitted to the Office pursuant to this chapter.

Further, notwithstanding Section 13142.6, the Board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for hospital building projects submitted to the Office pursuant to this chapter.

The Board shall consist of 16 members appointed by the Director of the Office. Of the appointive members, two shall be structural engineers, two shall be architects, one shall be an engineering geologist, one shall be a geotechnical engineer, one shall be a mechanical engineer, one shall be an electrical engineer, one shall be a hospital facilities manager, one shall be a local building official, one shall be a general contractor, one shall be a fire and panic safety representative, one shall be a hospital inspector of record and three shall be members of the general public.

There shall be six ex officio members of the Board, who shall be the Director of the Office, the State Fire Marshal, the State Geologist, the Executive Director of the California Building Standards Commission, the State Director of Public Health, and the Deputy Director of the Facilities Development Division in the Office, or their officially designated representatives.

HOSPITAL INSPECTOR means an individual who has passed the OSHPD certification examination and possesses a valid Hospital Inspector Certificate (or Construction Inspector for Health Facilities Certificate) issued by the Office.

HOSPITAL INSPECTOR OF RECORD means an individual who is:

- (a) An OSHPD certified Hospital Inspector, pursuant to the provisions of these regulations and
- (b) Employed by the hospital governing board or authority and
- (c) Approved by the architect and/or engineer in responsible charge and the Office as being satisfactory to inspect a specified construction project.

| **LICENSE** means the basic document issued by the Department of Public Health permitting the operation of a health facility under the provisions of Title 22, California Code of Regulations, Division 5.

LOCAL GOVERNMENT ENTITY means a building department of a city, city and county, or county.

| **MATERIALLY ALTER** as applied to construction projects or approved construction documents means any change, alteration, or modification, as determined by the Office, that alters the scope of a project, causes the project to be in noncompliance with the California Building Standards Code, or causes an unreasonable risk to the health and safety of patients, staff, or the public.

| **MECHANICAL ENGINEER** means a person licensed as a mechanical engineer under Chapter 7 (commencing with Section 6700), Division 3, the California Business and Professions Code.

MINORITY, WOMEN AND DISABLED VETERAN BUSINESS ENTERPRISE shall have the respective meanings set forth in Section 10115.1 of the Public Contract Code.

NONREQUIRED STRUCTURAL ALTERATION means any alteration of existing structural elements or provision of new structural elements which is not necessary for vertical or lateral support of other work and is initiated by the applicant primarily for the purpose of increasing the vertical or lateral load carrying strength or stiffness of an existing building.

NONSTRUCTURAL ALTERATION means any alteration which neither affects existing structural elements nor requires new structural elements for vertical or lateral support and which does not increase the lateral force in any story by more than five percent.

OFFICE means the Facilities Development Division within the Office of Statewide Health Planning and Development.

PRIMARY GRAVITY LOAD RESISTING SYSTEM (PGLRS) means assembly of structural elements in the building that resists gravity load, including floor and roof beams/girders supporting gravity loads or any other members designed to support significant gravity loads. Foundations supporting loads from the PGLRS shall be considered part of the PGLRS.

PROGRAM FLEXIBILITY means the approved use of an alternate space utilization, new concepts of design, treatment techniques, or alternate finish materials. Program flexibility requests must be reviewed by the Department of Public Health and the Office, or other authority having jurisdiction.

RECONSTRUCTION means the rebuilding of any "existing building" to bring it into full compliance with these regulations and all applicable parts of the California Building Standards Code.

SEISMIC FORCE RESISTING SYSTEM (SFRS) means assembly of structural elements in the building that resists seismic loads, including struts, collectors, chords, diaphragms and trusses. Foundations supporting loads from the SFRS shall be considered part of the SFRS.

SIGN, SIGNED, SIGNATURE, SIGNATURES means to affix an individual's signature by manual, electronic, or mechanical methods. Manual method includes, but is not limited to, a pen and ink signature. Electronic method includes, but is not limited to, scanned signature images embedded in construction documents, faxes, or other electronic document files. Mechanical method includes, but is not limited to, rubber stamp signature.

SITE DATA means reports of investigation into geology, earthquake ground motion and geotechnical aspects of the site of a health facility construction project.

SMALL BUSINESS means a firm that complies with the provisions of Government Code Section 14837.

STRUCTURAL ELEMENTS means floor or roof diaphragms, decking, joists, slabs, beams or girders; columns; bearing walls; retaining walls; masonry or concrete nonbearing walls exceeding one story in height; foundations; shear walls or other lateral force resisting members; and any other elements necessary to the vertical and lateral strength or stability of either the building as a whole or any of its parts including connections between such elements.

STRUCTURAL ENGINEER means a person licensed as a structural engineer under Chapter 7 (commencing with Section 6700), Division 3, the California Business and Professions Code.

STRUCTURAL REPAIRS means any change affecting existing or requiring new structural elements primarily intended to correct the effects of deterioration or impending or actual failure, regardless of cause.

ARTICLE 3
APPROVAL OF CONSTRUCTION DOCUMENTS

7-113. Application for Plan, Report or Seismic Compliance Extension Review.

(a) Except as otherwise provided in this part, before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office, and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given.

1. The application shall contain a definite identifying name for the health facility, the name of the architect or engineer who is in responsible charge of the work pursuant to Section 7-115(a)3, the names of the delegated architects or engineers responsible for the preparation of portions of the work pursuant to Section 7-115(a)3, the estimated cost of the project and all such other information required for completion of the application. The architect or engineer in responsible charge or having delegated responsibility may name one or more persons to act as an alternate(s) provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

2. Submission of documents to the Office may be in three consecutive stages:

A. Geotechnical Review: One application for plan review and, when applicable, three copies of the site data must be attached.

B. Preliminary Review: Two copies of reports or preliminary plans and outline specifications. Plan/drawings size shall not exceed 36" x 48" inches and bundled sets of plans/drawings shall not exceed 40 lbs. in weight.

C. Final Review: Two copies of final construction documents and reports. Plan/drawings size shall not exceed 36" x 48" inches and bundled sets of plans/drawings shall not exceed 40 lbs. in weight.

(b) Application for seismic compliance extension requires submission of OSHPD Application Form #OSH-FD-384, "Application for 2008 Extension/Delay in Compliance". The submittal must comply with the applicable requirements of Chapter 6, Article 1, Section 1.5.2 "Delay in Compliance".

(c) For every project there shall be an architect or engineer in responsible charge of reviewing and coordinating all submittals, except as set forth in Section 7-115(c).

1. A project may be divided into parts, provided that each part is clearly defined by a building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of the delegated architects or engineers pursuant to Section 7-115(a)3 may be made for the parts. Incremental projects pursuant to Section 7-131 shall consist of only one building.

(d) The assignment of the delegated architect or engineer pursuant to Section 7-115(a)3

and the responsibility for the preparation of construction documents and the administration of the work of construction for portions of the work shall be clearly designated on the application for approval of reports or construction documents.

7-115. Preparation of Construction Documents and Reports.

(a) All construction documents or reports, except as provided in (c) below, shall be prepared under an architect or engineer in responsible charge. Prior to submittal to the Office, the architect or engineer in responsible charge for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. Annotation may be provided on the drawings indicating the architect's or engineer's role in preparing and reviewing the documents. Plans/drawings submitted to the Office shall not exceed the size and weight described in Section 7-113(a)2.

1. Except as provided in paragraph 2 below, the architect or engineer in responsible charge of the work shall be an architect or structural engineer.

2. For the purposes of this section, a mechanical, electrical or civil engineer may be the engineer in responsible charge of alteration or repair projects that do not affect architectural or structural conditions, and where the work is predominately of the kind normally performed by mechanical, electrical or civil engineers.

3. The architect or engineer in responsible charge may delegate the preparation of construction documents and administration of the work of construction for designated portions of the work to other architects and/or engineers as provided in (b) below. Preparation of portions of the work by others shall not be construed as relieving the architect or engineer in responsible charge of his rights, duties and responsibilities under Section 129805 of the Health and Safety Code.

(b) Architects, or engineers licensed in the appropriate branch of engineering, may be responsible for the preparation of construction documents and administration of the work of construction as permitted by their license, and as provided below. Architects and engineers shall sign and affix their professional stamp to all construction documents that are prepared under their charge. All construction documents shall be signed and stamped prior to issuance of a building permit.

1. The structural construction documents or reports shall be prepared by a structural engineer.

2. A mechanical or electrical engineer may prepare construction documents or reports for projects where the work is predominately of the kind normally prepared by mechanical or electrical engineers.

3. A civil engineer may prepare construction documents or reports for the anchorage and bracing of nonstructural equipment.

(c) A licensed specialty contractor may prepare construction documents and may

administer the work of construction for health facility construction projects, subject to the following conditions:

1. The work is performed and supervised by the licensed specialty contractor who prepares the construction documents.
2. The work is not ordinarily within the standard practice of architecture and engineering.
3. The project is not a component of a project prepared pursuant to 7-115(a) and (b).
4. The contractor responsible for the design and installation shall also be the person responsible for the filing of reports, pursuant to Section 7-151.
5. The work is limited to one of the following types of projects:
 - A. Fire protection systems where none of the fire sprinkler system piping exceeds 2½ inches in diameter.
 - B. Low voltage systems not in excess of 91 volts. These systems include, but are not limited to, telephone, sound, cable television, closed circuit video, nurse call systems and power limited fire alarm systems.
 - C. Roofing contractor performing reroofing where minimum ¼ inch (6.4mm) on 12 inch (305mm) roof slopes are existing and any roof mounted equipment needing remounting does not exceed 400 pounds.
 - D. Insulation and acoustic media not involving the removal or penetration of fire-rated walls or ceiling and roof assemblies.
6. The contractor shall provide with the application for plan review to the Office a written and signed statement stating that he or she is licensed, the number of the license, and that the license is in full force and effect.

7-117. Site Data.

(a) The site data reports shall be required for all proposed construction except:

1. As provided in the Part 2, Title 24.
2. One-story, wood-frame or light steel frame buildings of Type V construction and 4,000 square feet or less in floor area not located within Earthquake Fault Zones or Seismic Hazard Zones as shown in the most recently published maps from the California Geological Survey (CGS).
3. Nonstructural alterations.

4. Structural repairs for other than earthquake damage.
5. Incidental structural additions or alterations.

(b) Three copies of site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

7-121. Preliminary Plans and Outline Specifications.

(a) One copy of the preliminary plans and outline specifications shall be submitted to the Office. Two copies must be submitted if additions, structural alterations or new buildings are included. If applicable, each of the site data reports listed in Section 7-117(a)1 shall have been submitted previously. The preliminary design documents will be reviewed by the Office for compliance with Title 19 and 24, California Code of Regulations. These documents shall provide the following data:

(b) Architectural, structural or other plans shall include:

1. Plot plan showing roads, fire flow supply and demand calculations, fire hydrants, courses and distances of property lines, existing buildings, proposed buildings, parking areas, sidewalks, topography and any easements of record.
2. Plans of basement, other floors or levels and roof which indicate:
 - A. The function, occupancy or usage of each room, area or space. Floor plans for addition or alteration projects shall be accompanied by floor plans of the existing buildings showing existing space usages.
 - B. The size and location of each fixed equipment item as follows:
 - (1) Fixed building service equipment which includes utility systems and machinery necessary for the effective functioning of the building such as heating, ventilating, air conditioning, elevators and communications.
 - (2) Other fixed equipment permanently fastened to the building or the ground which are required for the program function of the building.
3. Provisions for meeting the fire and life safety requirements in Titles 19 and 24, either on preliminary plans or in outline specifications. At least the following shall be indicated:
 - A. Compartment of the buildings.
 - B. Door swings and corridor widths.

- C. Enclosures of stairwells and elevator shafts.
- D. Location of fire alarm components, to include fire zones.
- E. Extent of fire sprinkler coverage.

4. Assembly ratings as specified by the Underwriter's Laboratories, Inc., or other nationally recognized testing laboratories.

5. Provisions for making facilities accessible to and usable by persons with disabilities in conformance with the California Building Standards Code, Title 24, California Code of Regulations.

(c) Mechanical plans shall include:

- 1. Single line layouts of major ducts and piping systems.
- 2. Location and layout of boiler room or space and major associated equipment and central heating, cooling and ventilating units.
- 3. Fire dampers, smoke dampers and other fire safety items required by Titles 19 and 24, California Code of Regulations.
- 4. Riser diagrams for multistory construction.

(d) Electrical plans shall include:

- 1. Plans showing space assignment.
- 2. Sizes and outline of fixed equipment, such as transformers, main, switchgear, switchboards and generator sets.
- 3. Simple riser diagrams for multistory construction showing arrangements of feeders, and branch circuit panels.
- 4. Simplified single-line diagram(s).
- 5. Fire detector locations, exit and emergency lights and fire alarms systems required in Titles 19 and 24, California Code of Regulations.

(e) Outline specifications shall include:

- 1. A general description of the construction, including interior finishes, types and location of acoustical material and special floor coverings.
- 2. A description of the plumbing, air conditioning, heating and ventilation systems, including controls, ducts and piping for all areas.

3. A general description of electrical services including voltage, number and location of feeders whether overhead or underground. A specific description of items to be served by emergency power and a description of design considerations for special areas, such as anesthetizing locations and critical care areas.

4. All fire and life safety items shown on the preliminary plans. These items shall include the flame spread rating of all applicable materials and finishes and a description of mechanical and electrical devices required for the intended occupancy of the building.

(f) Acceptance of preliminary plans and outline specifications.

Upon completion of the review of the preliminary plans and outline specifications, the office will return a marked-up set of the plans and specifications or a written report to the applicant indicating any items that need correction or clarification.

| At the time the final construction documents are submitted to the Office, the marked-up copies of the preliminary plans and specifications shall accompany the other documents being filed.

| **7-125. Final Review of Construction Documents.**

| (a) Two copies of the final construction documents and site data reports shall be submitted to the Office.

| The construction documents shall include: architectural, mechanical, electrical, structural and fire and life safety details.

| (b) Construction documents are to be completely and thoroughly checked by the responsible architect or engineer before submission to the Office. Construction documents which are incomplete or incorrect will be returned to the applicant.

| 1. Due to the difficulty of anticipating every unsatisfactory condition that might exist in connection with the existing work where alteration or reconstruction work is proposed, the following clause or one of similar meaning shall be included in all specifications to which the Office gives approval in connection with either reconstruction or alteration work: "The intent of the construction documents is to reconstruct the hospital building in accordance with Titles 19 and 24, California Code of Regulations. Should any conditions develop not covered by the approved construction documents wherein the finished work will not comply with Title 19 and Title 24, California Code of Regulations, a change order detailing and specifying the required work shall be submitted to and approved by the Office before proceeding with the work."

| (c) Final construction documents, and site data reports, except those items specified in Section 7-117(a), shall be submitted to the Office for review and shall include the following:

1. Site data reports as previously accepted by the Office pursuant to Section 7-117 shall be included with the construction documents.

2. Architectural plans shall include, where applicable:

- A. Plot plan.
- B. Floor plans.
- C. Reflected ceiling plans.
- D. Roof plans.
- E. Elevations and sections.
- F. Necessary details.
- G. Schedule of finishes, doors and windows.
- H. Exit system.
- I. Fire and smoke wall locations.
- J. Occupancy separations and indicate different occupancies.
- K. Location and identifying data on major items of movable equipment and fixed hospital equipment; e.g., autoclaves, sterilizers, kitchen equipment, laboratory equipment, X-ray equipment, cabinets and storage racks.
- L. Anchorage of all equipment items shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

- 2. Furniture.
- 3. Temporary or movable equipment.
- 4. Equipment weighing less than 20 pounds supported by vibration isolators.
- 5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

M. Fire extinguishers.

3. Structural plans shall include, where applicable:

- A. Plans of foundations, floors, roofs and any intermediate levels showing a complete design with sizes, sections and relative location of the various members and a schedule of beams, girders and columns. Assumed soil bearing pressures and type of material shall be shown on foundation plans.

- B. Details of all connections, assemblies and expansion joints.
- C. Details of structural framing systems necessary for support and seismic bracing of major nonstructural elements and items of major fixed building equipment and hospital equipment.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.

3. Temporary or movable equipment.

4. Equipment weighing less than 20 pounds supported by vibration isolators.

5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

- D. Structural plans shall be accompanied by computations, stress diagrams, and other pertinent data and shall be complete to the extent that calculations for individual structural members can be readily interpreted.

The computations shall be prefaced by a statement clearly and concisely outlining the basis for the structural design and indicating the manner in which the proposed hospital building will resist vertical loads and horizontal forces. The computations shall be sufficiently complete to establish definitely that the structure will resist the loads and forces prescribed by these rules and regulations. Assumed safe bearing pressures on soils and ultimate strengths of concrete shall be given in computations and noted on plans. Where unusual conditions occur, such additional data as are pertinent to the work shall be submitted.

4. Mechanical plans shall include, where applicable:

- A. Radiators and steam-heated equipment, such as sterilizers, autoclaves, warmers and steam tables.
- B. Heating and steam mains, including branches with pipe sizes.
- C. Pumps, tanks, boiler breaching and piping, and boiler room accessories.
- D. Air conditioning systems with refrigeration equipment, water and refrigerant piping, and ducts.
- E. Exhaust and supply ventilating systems showing duct sizes with steam or water connections and piping.

- F. Size and elevation of street sewer, house sewer, house drains, street water main and water service into the building.
- G. Location and size of soil, waste and vent stacks with connections to house drains, fixtures and equipment.
- H. Size and location of hot, cold and circulation water mains, branches and risers from the service entrance, and tanks.
- I. Riser diagram or other acceptable method to show all plumbing stacks with vents, water risers and fixture connections for multistory buildings.
- J. Medical gas and special connections.
- K. Fire extinguishing equipment such as fixed extinguishing systems, sprinklers, and wet and dry standpipes.
- L. Plumbing fixtures and fixtures which require water and drain connections.
- M. Anchorage of all equipment shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.

3. Temporary or movable equipment.

4. Equipment weighing less than 20 pounds supported by vibration isolators.

5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

6. Electrical plans shall include, where applicable:

- A. Electrical service entrance equipment.
- B. Transformers and their connections, if located in the building or on the site.
- C. Main switchboard, distribution panels, lighting and appliance panels, motor control centers and associated equipment.
- D. Feeder size including conductors, conduit and overcurrent protection.
- E. Lighting and appliance outlets, receptacles, switches and circuitry.
- F. Telephone layout.

- G. Nurses' call system.
- H. Fire alarm systems.
- I. Emergency electrical system, when required.
- J. Switchboard and panel schedules with tabulated loads.
- K. Single-line diagram(s).
- L. Anchorage of all equipment shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.

3. Temporary or movable equipment.

4. Equipment weighing less than 20 pounds supported by vibration isolators.

5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

6. Architectural, structural, mechanical and electrical specifications which fully describe, except where fully indicated and described on the plans, the materials, workmanship and the kind, sizes, capacities, finishes and other characteristics of all materials, products, articles and devices.

7. Additions to or alterations and repairs of existing structures which include:

- A. Types of activities within the existing buildings, including distribution.
- B. Type of construction of existing buildings and number of stories.
- C. Plans and details showing attachment of new construction to existing structural, mechanical and electrical systems.

8. A title block or strip on each sheet of the construction document plans shall include the following:

- A. Name and address of the architect or engineer.
- B. Name and address of the project.
- C. Number or letter of each sheet.
- D. Date of preparation of each sheet and the date of revision, if any.

E. The scale of each plan or detail.

9. The north point of reference and the location or reference dimensions of the building, with respect to the site boundaries and property lines, shown on all plot plans and on all floor plans where applicable.

(d) After the Office has made its check of the submitted documents, the marked-up set of construction documents will be returned to the architect or engineer in responsible charge. A set of prints from corrected construction documents shall be filed for backcheck when the original check or subsequent backchecks(s) indicates that extensive changes are necessary. Where necessary corrections are of a minor nature, corrected original construction documents may be filed for backcheck. The architect or engineer in responsible charge must provide a written response to all comments made by the Office. The written response must include a description and a location of the corrections made to the construction documents. The written response may be provided as a letter, or may be provided as responses written directly on the marked-up set of drawings. Changes in construction documents, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised construction documents identifying those changes. Failure to give such notice voids any subsequent approval given to the construction documents.

The Office places its identification stamp of the Office on the original reproducible plans and the master cover sheet of the specifications when they have been corrected to comply with these regulations. This stamp is affixed for identification only and must not be construed as "written approval of plans" required in Section 1298410 of the Health Safety Code.

The prints, specifications, computations, and other data filed with the application are the property of, and are retained by, the Office.

(e) The architect or engineer in responsible charge shall submit to the Office a set of construction documents bearing the identification stamp of the Office. Upon receipt of this set, the Office shall provide written approval of the construction documents.

Any changes made to the approved construction documents shall be made in accordance with Section 7-153. Any change, erasure, alteration or modification not made in accordance with Section 7-153 of any construction documents bearing the identification stamp of the Office shall void the approval of the application.

7-126. Deferred Submittals.

(a) **Conditions.** Where a portion of the design cannot be fully detailed on the approved construction document because of variations in product design and manufacture, the approval of the construction documents for such portion may be deferred until the material suppliers are selected under the following conditions:

1. The construction documents clearly describe the deferred submittals that shall be approved by the Office prior to fabrication and installation for the indicated portions of the work.
2. The construction documents fully describe the performance and loading criteria for such work.
3. After the construction documents are approved and within 30 calendar days after commencement of construction, the architect or engineer in responsible charge shall submit a schedule to the Office indicating when the deferred submittals will be submitted to the Office for review.

EXCEPTION: Seismic Force Resisting System (SFRS), Primary Gravity Load Resisting System (PGLRS), and stairs shall not be deferred.

(b) **Submittal Process and Notation.** Submittal documents for deferred submittal items shall be submitted to the architect or engineer to whom responsibility has been delegated for preparation of construction documents, as listed on the application, for review prior to submittal to the Office. The architect or engineer to whom responsibility has been delegated for preparation of construction documents, as listed on the application, shall review and forward submittal documents for deferred submittal items to the office with a notation indicating that the deferred submittal documents have been reviewed and that they have been found to be in general conformance with the design of the project.

(c) **Stamping and Signing.** Stamping and signing of deferred submittals shall comply with Section 7-115(a) and (b).

(d) **Fabrication and Installation.** The deferred submittal items shall not be fabricated or installed until their design and submittal documents have been approved by the Office.

(e) **Limitations.** The Office shall have sole discretion as to the portions of the design that may be deferred.

7-127. Projects Exempt From Plan Review Process

(a) The Office may exempt from the plan review process construction or alteration projects for hospitals, skilled nursing facilities, and intermediate care facilities, if the project meets the following criteria:

1. The estimated construction cost is \$50,000 or less. For the purpose of determining eligibility for exemption from the plan review process, the estimated construction cost excludes imaging equipment costs; design fees; off site work; and fixed equipment costs, including but not limited to, sterilizers, chillers, and boilers.
2. The construction documents are stamped and signed pursuant to Section 7-115(a) and (b).

3. The entire project, or an element of the project, shall not pose a significant risk to the health and safety of patients, staff, or to the public.

(b) Projects subdivided into smaller projects of the purpose of evading the cost limitation requirement shall not be exempt from the plan review process.

(c) All requirements of Article 4, Construction must be met, except Section 7-135(a)1.

7-129. Time Limitations for Approval.

(a) Final construction documents shall be submitted to the Office within one year of the date of the Office's report on preliminary plans and outline specifications or the application shall become void. The architect or engineer in responsible charge may request one extension of up to 180 calendar days; however, the Office may require that the construction documents meet current regulations. The extension must be requested in writing and justifiable cause demonstrated.

(b) The procedures leading to obtaining written approval of final construction documents shall be carried to conclusion without suspension or unnecessary delay. Unless an extension has been approved by the Office, the application shall become void when either paragraph 1 or 2 occurs.

1. Prints from corrected construction documents are not filed for backcheck within 90 calendar days after the date of return of checked construction documents to the architect or engineer in responsible charge. Backcheck submittals that do not contain a written response to all comments in accordance with Section 7-125(d) shall not be considered an official submittal to the Office. The architect or engineer in responsible charge may request one extension of up to 90 calendar days; however, the Office may require the construction documents be revised to meet current regulations. The extension must be requested in writing and justifiable cause demonstrated.

2. A set of prints of the stamped construction documents are not submitted to the Office within 45 calendar days after the date shown with the identification stamp by the Office.

(c) Construction, in accordance with the approved construction documents, shall commence within one year after obtaining the written approval of construction documents, or this approval shall become void. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.

(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. Prior to the approval becoming void, the applicant may apply for one extension of up to one year. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.

7-130. Phased Submittal, Review and Approval.

The Office, in its sole discretion, may enter into a written agreement with the hospital governing board or authority for the phased submittal, review and approval of construction documents.

7-131. Incremental Design, Bidding and Construction.

(a) Incremental design, bidding and construction or "fast-tracking" is a process by which construction of a building is commenced prior to completion of the contract documents for the total project. The Office will approve this process contingent upon receipt of application for approval of construction documents. An incremental project shall consist of no more than one building.

(b) Applicants wishing to employ the incremental process shall notify the Office no later than the date of submission of the application cited (a) above. Increments shall be limited to complete phases of construction, such as foundations and basement walls, structural framing, architectural work, mechanical work, or electrical work. The following supplementary information shall accompany the application:

1. Transmittal letter requesting the use of the incremental or fast-track procedure.
2. The site data reports required in Sections 7-117 and 7-125(c).
3. A chart showing the proposed coordination of the design, bidding and construction schedules, including state and local plan review time and the estimated date of occupancy of the project.
4. The preliminary plans and outline specifications required in Section 7-121.

(c) The plans of each construction increment shall be sufficiently definitive of the architectural, structural, mechanical and electrical elements, and the loadings thus summarized, to provide identification of the sources of dead, live and lateral loads for the purposes of review of design. Changes to the work done under previously approved increments shall be required if, upon submission of plans of subsequent increments, the summarized loadings are found to be incorrect or connection details are found to be incompatible.

(d) The plans of each construction increment shall clearly identify the scope of the work to be included in that particular increment. All plans are to be complete and thoroughly checked by the project architect or engineers as to design, detailing, dimensions and coordination with other increments before submission to the Office. The Office will return incomplete documents without review and request that the documents be completed and resubmitted.

(e) Time intervals between construction increments shall not be permitted unless specific, written approval is granted by the Office.

(f) After the Office has made its check of the submitted documents and the applicant has corrected the documents accordingly, the identification stamp of the Office, shall be placed

on the plans and the master cover sheet of the specifications. This identification stamp of the Office is affixed for identification only and is not the written approval of construction documents cited in Section 7-125(d). An Office approval letter shall be issued for each increment which clearly identifies the scope of work involved in the increment being approved. The letter for the final increment shall indicate approval of the entire project.

(g) Verified compliance reports shall be submitted in conformance with Section 7-151; addenda and change orders, as per Section 7-153 for each increment. Where all increments are being constructed under a single general contract or under a designated agent responsible for the construction of the entire project, the verified reports may cover the work of more than one increment.

(h) Approval of construction will be issued for each increment being constructed under a separate contract. Where all increments are being constructed under a single general contract or where an owner's agent is responsible for the construction of the entire project, final approval of the construction will be issued upon completion of the entire project.

7-133. Fees.

(a) **Plan review and field observation.** The fee for plan review and field observation shall be based on the estimated cost of construction as specified below. If the actual construction cost for a hospital or skilled nursing facility project exceeds the estimated construction cost by more than five percent (5%), a further fee shall be paid to the Office, based on the applicable schedule specified in (a) (1) or (2) and computed on the amount by which the actual cost exceeds the estimated cost.

1. The fee for hospital buildings is 1.64 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude imaging equipment, design fees, inspection fees, and off-site construction work. The fee for imaging equipment (X-ray, MRI, CT Scan, etc) shall be 0.164 percent of the equipment cost or estimated value. In any event, the minimum fee for review of imaging equipment shall be \$250.00.

A. The Office shall charge actual costs for review and approval of seismic evaluations and compliance plans prepared pursuant to Article 8, Chapter 1, Part 7, Division 107, (commencing with Section 130000) of the Health and Safety Code. Total cost paid for these review services shall be nonrefundable and shall be deducted from the fee for a future project involving seismic retrofit or new construction pursuant to the hospital building compliance plan approved by the Office.

2. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude design fees, inspection fees, and off-site work.

3. The minimum filing fee shall be \$250.00. This filing fee is nonrefundable and shall be applied toward the total fee for plan review and field observation.

(b) The fee for submitting an amended seismic evaluation report or compliance plan is \$250. The fee for review and approval of the amended report or compliance plan shall be subject to Section 7-133 (a)1A. above

(c) The fee for submitting an application for extension to seismic compliance is \$250.

(d) **Preliminary review.** The fee for review of preliminary plans and outline specifications pursuant to Section 7-121 is ten percent (10%) of the fee indicated in Section 7-133(a) and shall be due upon the submission of preliminary plans and outline specifications. The preliminary review fee shall be deducted from the application fee specified in Section 7-133(a)

(e) **Incremental projects.** The fee for incremental projects pursuant to Section 7-131 is seventy percent (70%) of the fee, based upon the estimated construction cost of the entire facility, as calculated in accordance with Section 7-133(a), and shall be due upon submission of the construction documents of the first construction increment. The final fee shall be based upon the determination of the final actual construction cost.

(f) **Annual permit for hospital projects.** A hospital may choose to apply for an annual permit for one or more small projects of \$50,000 or less in cumulative total estimated construction cost. The annual permit is applicable to only the project(s) submitted within the state's fiscal year in which the Office issues the annual permit. An application filing fee of \$500.00 is due upon submittal of the annual permit and is in lieu of an application filing fee specified in (a) of this Section.

(g) **Annual permit for skilled nursing facility projects.** A skilled nursing facility may choose to apply for an annual permit for one or more small projects of \$25,000 or less in cumulative total estimated construction cost. The annual permit is applicable to only the project(s) submitted within the state's fiscal year in which the Office issues the annual permit. An application filing fee of \$250.00 is due upon submittal of the annual permit and is in lieu of an application filing fee, as specified in (a) of this Section.

(h) **Phased submittal review.** The fee for phased submittal, review, and approval pursuant to Section 7-130 shall be based on the written agreement, which shall include schedule for payment. The phased review fee shall not exceed the fee required by Section 7-133(a).

(i) **Geotechnical/Geohazard reports.** The fee for review of a geotechnical/geohazard report shall be \$5,000.00.

7-134. Fee Refund

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written refund request must be submitted to the Office within:

- a. One year of the date that a project is closed,
- b. One year of the date the project is withdrawn by the applicant, or

c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.

2. No refund shall be issued before the date the project is closed or withdrawn or the application is voided.

3. If delinquent fees are owed to the Office for any health facility construction project at the subject facility, no refund shall be issued until the delinquent fees are paid.

4. Refunds, pursuant to Section 7-134, shall be exclusive of the \$250 filing fee.

5. Refunds shall be calculated pursuant to Sections 7-134 (b) or (c).

(b) **Refunds for Projects that are Completed.** If the estimated construction cost of a project exceeds the actual construction cost by more than five percent (5%), the excess portion of the fees paid pursuant to Section 7-133 (a) (1) or (2) shall be refunded to the applicant health facility. The refund amount shall be computed based on the amount by which the estimated cost exceeds the actual construction cost.

Exception: The Office will not issue a refund if the applicant did not complete construction of at least 75% of the square footage included in the original approved construction documents for the project, or if the applicant reduces the scope of the project shown on the original approved construction documents by more than 25%.

(c) **Refunds for Projects that are Withdrawn or Cancelled.** A portion of the fees paid to the Office, pursuant to Section 7-133, may be refunded to the applicant under the following specified circumstances:

1. If the applicant withdraws a project prior to commencement of plan review, the total fee, exclusive of the \$250 filing fee, shall be refunded to the applicant.

2. If the applicant withdraws a project after commencement of plan review and prior to commencement of construction, 30% of the fee submitted for that project shall be refunded to the applicant.

3. If the applicant cancels a project after commencement of construction, the Office shall not issue a refund.

4. If a project submitted under an annual permit is withdrawn by the applicant, the \$250 filing fee shall not be refunded by the Office.

5. If fees are paid for a project, that is determined by the Office to be exempt from The plan review process or otherwise not reviewable under the Office's jurisdiction, the total fee, exclusive of the \$250 filing fee, shall be refunded to the applicant.

6. If the applicant is able to demonstrate extraordinary circumstances, the Director of the Office may authorize refunds in addition to those specified above.

ARTICLE 4 CONSTRUCTION

7-135. Time of Beginning Construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the construction documents.
2. A building permit.
3. Written approval of the testing, inspection and observation program.

Note: See Infection Control Program provisions of Title 22, Section 70739 (b).

7-137. Notice of Start of Construction.

(a) As soon as a contract has been awarded, the governing board or authority of the health facility shall provide to the Office, on a form provided by the Office, the following:

1. Name and address of the contractor.
2. Contract price.
3. Date on which contract was awarded.
4. Date of construction start.

7-139. Notice of Suspension of Construction.

(a) When construction is suspended for more than two weeks, the governing board or authority of the hospital shall notify the Office in writing.

(b) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129(c).

7-141. Administration of Construction.

(a) The administration of the work of construction shall be under the responsible charge of an architect or structural engineer. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer registered in the branch of engineering most applicable to the project may be in responsible charge of the administration of the work of construction.

(b) All architects and engineers to whom responsibility has been delegated for preparation of construction documents as listed on the application shall observe the work of construction for their portion of the project. They shall consult with the architect or engineer in responsible charge in the interpretation of the approved construction documents, the preparation of addenda, change orders, instruction bulletins, and deferred submittals, and the selection of inspectors and testing laboratories.

(c) The architect or engineer in responsible charge or having delegated responsibility may name one or more persons to act as alternate(s) for observation of the work of construction provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

(d) The architect or engineer in responsible charge of the work shall prepare a testing, inspection and observation program which shall be submitted to the Office for approval prior to the issuance of the building permit.

(e) The testing program shall identify materials and tests to be performed on the project. The firm(s) and/or individual(s) to perform each of the required tests shall also be identified. The testing program shall include, at a minimum, those tests required by applicable sections of the California Building Standards Code.

(f) The inspection program shall include a completed application for inspector(s) of record for the project. If a project has more than one inspector of record, the distribution of responsibilities for the work shall be clearly identified for each inspector of record. The inspection program shall also identify all special inspections to be performed on the project and the individual(s) to perform the inspections. The special inspections shall include, at a minimum, those special inspections required by applicable sections of the California Building Standards Code.

(g) The observation program shall identify each professional that must, through personal knowledge as defined in Section 7-151, verify that the work is in compliance with the approved construction documents. The contractor or owner/builder and the inspector(s) of record shall verify that the work is in compliance with the approved construction documents in accordance with the requirements for personal knowledge as it applies to each participant or discipline. The program shall give specific intervals or project milestones at which such observation is to occur for each affected participant or discipline. Each required observation shall be documented by a compliance verification report prepared by each participant or discipline and submitted to the office.

(h) The tests, inspection and observation program shall include samples of test and inspection reports and provide time limits for the submission of reports.

(i) All completed test, inspection and observation reports shall be submitted to the Office.

7-143. Responsibility of the Contractor.

(a) The contractor shall complete the work in accordance with the approved construction documents. The contractor shall not be relieved of any responsibility by the activities of the architect, engineer, inspector or the Office in the performance of their duties.

(b) The contractor shall submit verified compliance reports to the Office in accordance with Section 7-151.

(c) Where no general contractor is involved, the governing body or authority of a health facility shall designate an agent who shall be responsible for the construction of the project in accordance with the approved contract documents and such agent shall submit the verified reports to the Office.

7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more inspectors satisfactory to the architect or structural engineer or both, in responsible charge of the work, or the engineer in responsible charge of the work and the Office.

(b) When the hospital governing board or authority proposes more than one inspector for a construction project, a lead inspector may be identified to coordinate construction inspection and communication with the Office. If identified, the lead inspector shall be certified in a class appropriate to the scope of the project.

(c) Inspector(s) for a hospital construction project shall be approved by the Office in accordance with the provisions of Section 7-212. If an inspector on a project is not competently or adequately performing inspection or has violated a provision of these regulations, as determined by the Office, the provisions of Sections 7-213 and, if necessary, Section 7-214 shall be applicable.

7-145. Continuous Inspection of the Work.

(a) The general duties of the inspector shall be as follows:

1. The inspector shall have personal knowledge, obtained by continuous inspection of all parts of the work of construction in all stages of its progress to ensure that the work is in accordance with the approved construction documents.

2. Continuous inspection means complete inspection of every part of the work. Work, such as concrete or masonry work which can be inspected only as it is placed or assembled, shall require the constant presence of the inspector. Other types of work which can be completely inspected after the work is installed may be carried on while the inspector is not present. In no case shall the inspector have or assume any duties which will prevent continuous inspection.

3. The inspector shall work under the direction of the architect or engineer in responsible charge. All inconsistencies or seeming errors in the approved construction documents shall be reported promptly to the architect or engineer in responsible charge for interpretation and instructions. In no case, however, shall the instructions of the architect or engineer in responsible charge be construed to cause work to be done which is not in conformity with the approved construction documents.

4. The inspector shall maintain a file of approved construction documents on the job at all times including all reports of tests and inspections required by the construction documents and shall immediately return any unapproved documents to the architect or engineer in responsible charge for proper action. The inspector shall also maintain on the job at all times, all codes and regulations referred to in the approved construction documents.

5. The inspector shall notify the Office:

- A. When the work is started or resumed on the project.
- B. At least 48 hours in advance of the time when foundation trenches will be complete, ready for footing forms.
- C. At least 48 hours in advance of the first pour of concrete.
- D. When work has been suspended for a period of more than two weeks.

6. The inspector(s) of record shall maintain field records of construction progress for each day or any portion of a day that they are present at the project site location. The field record shall state the time of arrival, time of departure, a summary of work in progress, and noted deficiencies in the construction or deviations from the approved construction documents. This field record shall document the date, time and method of correction for any noted deficiencies or deviations. In addition, this record shall contain the following as applicable:

- A. The time and date of placing concrete; time and date of removal of forms and shoring in each portion of the structure; location of defective concrete; and time, date and method of correction of defects.
- B. Identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.
- C. A list of test reports of all nonconforming materials or defective workmanship and shall indicate the corrective actions taken.
- D. When driven piles are used for foundations, the location, length and penetration under the last ten blows for each pile. It shall also include a description of the characteristics of the pile driving equipment.

7. All field records of construction progress shall be retained on the job until the completion of the work and shall, upon request, be made available to the Office, the architect or

engineer in responsible charge, and the owner. Upon completion of the project these original field records shall be submitted to the hospital governing board or authority.

(b) The inspector shall notify the contractor, in writing, of any deviations from the approved construction documents or new construction not in compliance with California Building Standards Code, which have not been immediately corrected by the contractor. Copies of such notice shall be forwarded immediately to the architect or engineer in responsible charge, owner and to the Office.

7-147. Observation by the Office.

a) During the construction, of any health facility, the Office shall make such observation as in its judgment is necessary or proper for the enforcement of these regulations and all applicable parts of the California Building Standards Code.

Whenever the Office finds a violation of these regulations and/or applicable parts of the California Building Standards Code that requires correction, the citation of the violation shall be issued to the hospital governing board or authority in writing and shall include a proper reference to the regulation or statute being violated.

7-149. Tests.

(a) Pursuant to Section 7-141, the architect or engineer in responsible charge shall establish and administer the testing program. Where job conditions warrant, the architect or engineer may waive certain specified tests contingent upon the approval of the Office. The Office shall be notified as to the disposition of materials noted on laboratory reports. One copy of all test reports shall be forwarded to the Office by the testing agency. The reports shall state definitely whether the material tested complies with the approved contract documents.

(b) The governing board or authority of a health facility shall select a qualified person or testing laboratory as the testing agency to conduct the tests. The selected person or testing laboratory must be approved by the architect or engineer in responsible charge. The governing board or authority shall pay for all tests.

7-151. Verified Compliance Reports.

(a) In accordance with Section 7-151(e), or when required by the Office, the architect(s), engineer(s), inspector(s) of record, special inspector(s) and contractor or owner/builder shall each submit to the Office a verified compliance report, with their signature and based on their own personal knowledge, as defined by this Section. The report shall:

1. Verify that the work during the period, or a portion of the work, covered by the report has been performed and materials used and installed are in accordance with the approved construction documents.

2. Set forth detailed statements of fact as are required by the Office.

(b) The term "personal knowledge," as used in this section and as applied to the licensed architect or engineer or both, means personal knowledge that is obtained by periodic visits to the project site, of reasonable frequency, for the purpose of general observation of the work. It also includes knowledge that is obtained from the reporting of others as to the progress of the work, testing of materials, and inspection and supervision of the work that is performed between the periodic visits of the architect or the engineer. Reasonable diligence shall be exercised in obtaining the facts.

(c) The term "personal knowledge," as applied to the inspector, means the actual personal knowledge that is obtained from the inspector's personal continuous inspection of the work of construction, in all stages of its progress at the site where the inspector is responsible for inspection. Where work is carried out away from the site, personal knowledge is obtained from the reporting of others on the testing or inspection of materials and workmanship, for compliance with plans, specifications, or applicable standards. Reasonable diligence shall be exercised in obtaining the facts.

(d) The term "personal knowledge," as applied to the contractor, means the personal knowledge that is obtained from the construction of the building. Reasonable diligence is required to obtain the facts.

(e) Verified compliance reports shall be submitted to the Office at the intervals or stages of the work as stated in the approved testing, inspection and observation program. In no case, shall the submittal of verified compliance reports be less than:

1. One copy prepared and signed by each required participant or discipline at the completion of the work.

2. One copy prepared and signed by any participant or discipline at any time a special verified compliance report is required by the Office.

(f). The architect or engineer in responsible charge of the work shall be responsible for ensuring all required verified compliance reports are submitted to the Office.

7-152. Supplantation of an Architect, Engineer, Inspector of Record, Special Inspector or Contractor.

(a) When supplanting any of the listed individuals the following shall be submitted to the Office:

1. Prior to plan approval

A. Revised application(s) listing the new responsible individual(s).

2. Following construction document approval

A. Revised application(s) listing the new responsible individual(s)

B. An initial report, prepared by the supplanting individual(s), based on field observation(s) that the work performed and materials used and installed to date are in accordance with the project's approved construction documents. Any observed issues of non-conformance shall be listed in the report. The supplanting individual(s) shall be responsible for verification of project compliance, pursuant to Section 7-151, for the remainder of the project.

C. A final verified report from the supplanted individual(s).

EXCEPTION to C: In the event that the supplanted individual refuses to or cannot provide a final verified report, the owner shall submit a letter to the Office, verifying that the work performed and materials used and installed are in accordance with the project's approved construction documents. The letter shall also list the reason the verified report could not be obtained.

7-153. Addenda, Change Orders, and Instruction Bulletins.

(a) **Changes in the work.** Work shall be executed in substantial conformance with the construction documents approved by the Office. Changes in the work shall be made by addenda, change orders, or instruction bulletins approved by the Office. Changes in the work include, but are not limited to, the following: Correction of errors in design and/or construction to bring the construction documents and/or construction into compliance with applicable codes; change(s) in the scope of the work; and additional work required because of discovered conditions. Only changes that materially alter the work shall be submitted to the Office for review and approval as: an addendum, change order, or instruction bulletin. Changes in the work that do not require an addendum, change order, or instruction bulletin shall not be deemed to grant authorization for any work to be done in violation of the provisions of all applicable codes.

1. **Addendum.** Changes or alterations of the approved construction documents prior to awarding a construction contract, or similar instrument of agreement for the work involved, shall be made by means of addendum. Addenda shall be submitted with a form provided by the Office and shall state the reason for the change. The form shall be signed by the architect or engineer in responsible charge or delegated architect or engineer as allowed by Section 7-115. The form shall be accompanied by supplementary construction documents, where necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. Two copies of addenda shall be submitted for review and approval by the Office.

2. **Change orders.** Changes or alterations of the approved construction documents after a contract or similar instrument of agreement has been awarded shall be made by means of change orders. Change orders shall be submitted with a form provided by the Office and shall state the reason for the change, show the related addition to or deduction from the current contract price. The form shall be signed by the architect or engineer in responsible charge, or delegated architect or engineer as allowed by Section 7-115, and shall be accompanied by supplementary construction documents, when necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. Two copies of the form and construction

documents shall be submitted for review and approval by the office. All change orders shall be approved by the office prior to installation of the work.

3. **Instruction bulletins.** To prevent undue delay in construction as determined by the Office, changes in the work may be commenced following approval of an instruction bulletin by the office. Instruction bulletins shall be submitted with a form provided by the Office and shall state the reason for the change but is not required to show the related addition to or deduction from the current contract price. The form shall be signed by the architect or engineer in responsible charge, or delegated architect or engineer as allowed by Section 7-115, and shall be accompanied by supplementary construction documents when necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. Two copies of the form and construction documents shall be submitted for review and approval by the Office. Instruction bulletins shall be documented by subsequent change orders within 30 calendar days after approval.

4. **Emergencies.** Emergency changes in the work relating to the safety of persons at the construction site may be made immediately. Such emergency changes shall be documented by subsequent change orders and may require modification to comply with these regulations.

(b) **Changes in scope.** At the discretion of the Office, a change order for construction that is outside the scope of the original project may be required to be submitted as a separate project.

7-155. Final Approval of the Work.

(a) The Office shall schedule a final state agency inspection of the work subsequent to the receipt of the responsible architect's or engineer's statement that the contract is performed or substantially performed.

(b) The final approval of the construction shall be issued by the Office when:

1. All work has been completed in accordance with the approved construction documents.

2. The required verified compliance reports and test and inspection reports have been filed with the Office.

3. All remaining fees have been paid to the Office.

(c) Final approval shall be confirmed by a letter sent to the Department of Public Health with a copy to the applicant. The letter shall state that the work has been constructed in accordance with the California Building Standards Code, Title 24, California Code of Regulations.

(d) Upon completion of the project, all copies of construction procedure records as required by Section 7-145(a)6 shall be transmitted to the Office

7-156. Certification of Correctional Treatment Centers.

(a) Construction documents prepared by or under the supervision of the Department of Corrections and Rehabilitation for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined Section 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the Department of Corrections and Rehabilitation. Construction documents and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited to, architectural, structural, mechanical, plumbing, electrical, and fire and life safety.

The Department of Corrections and Rehabilitation shall use a secondary peer review procedure to review the design of new construction, reconstruction, alteration or addition in order to ensure that the construction documents are in compliance with the building standards of Title 24, Parts 2, 3, 4, 5 and 9. The secondary peer review shall be performed by a California licensed architect, structural engineer, mechanical engineer and electrical engineer, as applicable.

Upon completion of construction a written certification signed by the Director or designee of the Department of Corrections and Rehabilitation shall be submitted to the Office and shall include:

1. Description of the project scope;
2. Certification that construction documents and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5 and 9;
3. Certification that a secondary peer review has been completed and the peer review indicates that the design for new construction, reconstruction, alteration or addition to the facility adheres to all building standards of Title 24, Parts 2, 3, 4, 5 and 9;
4. Certification that construction inspection was performed by a competent on-site inspector and that all work was completed in accordance with the complying construction documents; and
5. Attachments which include the final as-built construction documents.

(b) Construction documents prepared by or under the supervision of a city, county or city and county law enforcement agency for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined in Section 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the law enforcement agency. Construction documents and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited to, architectural, structural, mechanical, plumbing, electrical and fire and life safety.

Upon completion of construction a written certification signed by the law enforcement agency head or designee shall be submitted to the Office and shall include:

1. Description of the project scope;

- | 2. Certification that construction documents and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5 and 9; and
- | 3. Attachments which include the final as-built construction documents.

ARTICLE 5

APPEALS TO THE HOSPITAL BUILDING SAFETY BOARD

7-159. Appeals.

(a) The Hospital Building Safety Board, except as provided in Section 18945 of the Health and Safety Code, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

Further, notwithstanding Section 13142.6 of the Health and Safety Code, the board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

(b) In the event of disagreement with the rulings, orders, decisions or acts of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and Safety Code, an appeal may be made by the current or prospective licensee or their authorized agent, hereafter known as the appellant, of a health facility to the Hospital Building Safety Board. Such appeal shall be considered by the Hospital Building Safety Board only following the failure of an informal conference, held to resolve the appeal in accordance with Section 7-161.

7-161. Informal Conference.

(a) Within six months of a ruling, order, decision or act of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and Safety Code, the appellant may issue a written request for an informal conference upon such ruling, order, decision or act to the Office.

(b) Within 15 business days of receipt of a written request for an informal conference, the Office shall give notice of the date, time and place of such conference to review the ruling, order, decision or act being questioned. The informal conference shall be in a convenient place mutually agreeable to the parties. The informal conference shall be held within 25 business days of receipt by the Office of the written request for an informal conference.

(c) The informal conference shall be conducted by an Office representative. Parties to such conference may include the appellant, architects and engineers and other appropriate consultants under contract to the appellant or the appellant's legal counsel.

(d) The purpose of the informal conference shall be to discuss the ruling, order, decision or act of the Office with the intent to resolve the issue.

(e) Within 10 business days following the informal conference, the Office shall notify the appellant in writing as to the Office's action on the ruling, order, decision or act. Such action shall be to confirm, modify, or reverse the original ruling, order, decision or act.

7-163. Formal Hearing Request.

(a) If the appellant wishes to continue an appeal after the Office's decision following the informal conference, a formal hearing may be requested of the Hospital Building Safety Board. The appellant shall submit a written request for an appeal to the Hospital Building Safety Board through the Office within 15 business days of receipt of the notice of the result of the informal conference.

(b) The notice of appeal shall be followed within 60 business days by documents supporting the request for a formal hearing before the Hospital Building Safety Board. Such documents shall be submitted to the Office and shall contain specific information regarding the Office's ruling, order, decision or act and the basis for the appeal.

7-165. Formal Hearing.

(a) The Hospital Building Safety Board, or a committee of the Board, appointed by the Chair of the Board, shall act as the hearing body and shall conduct a public hearing on the appeal.

(b) The Chair of the Hospital Building Safety Board shall call a hearing on an appeal. The hearing shall be convened at a location selected by the Chair which, where possible, is reasonably close to the appellant.

(c) The hearing shall be held within 45 business days of the receipt of documents supporting the request for an appeal hearing. Within 20 business days of the Office's receipt of the supporting documentation, the parties to the appeal shall be notified in writing of the time and place of the hearing and the composition of the hearing body.

(d) The Chair of the Hospital Building Safety Board shall develop, and have sent to each member, an agenda listing the matters to be considered and, insofar as practicable, copies of all written reports which are to be presented to the Board. The agenda and written reports shall be provided to the members of the Board at least 10 business days before the date of the hearing.

(e) Whenever notice of an appeal hearing for decision of an appeal is issued by the Hospital Building Safety Board or a committee of the Board, such notice shall be provided to the appellant, the Office and all parties to the action at least 10 business days before the date of the hearing.

(f) If a committee of the Board is appointed to hear the appeal, at least five voting members of the Board shall be appointed to such committee. The Chair of the hearing committee shall be appointed by the Chair of the Hospital Building Safety Board. The appeal shall be heard by at least three of the voting members appointed to an appeal committee. The decision shall bear the endorsement of a simple majority of the committee members present.

(g) If the Board is to hear the appeal, at least nine voting members of the Board shall be present to hear the matter. The decision shall bear the endorsement of a simple majority of the Board members present.

(h) The proceedings shall be recorded by tape recorder. Transcripts shall be made available to anyone making a request therefore upon deposit with the Hospital Building Safety Board of the amount of money which the Board has determined necessary to cover the costs of transcript preparation. In addition to the tape recording of the proceedings, decisions of the Board or a committee of the Board shall be recorded by stenographic recording and shown in the minutes of the meeting. The minutes shall show how each Board or committee member voted on the decision.

(i) The appellant may, at his own expense, arrange for stenographic recording and transcription of the hearings.

7-167. Rights of the Appellant.

(a) The appellant shall have the right to counsel, to submit documentary evidence and exhibits, and to have witnesses appear and testify. These rights shall be executed by the appellant at the appellant's own expense.

(b) The appellant shall have the right to question representatives of the Office and other witnesses presenting testimony or documents in the hearing.

(c) The appellant shall have the right to question potential conflicts of interest of any voting member of the Hospital Building Safety Board or committee of the Board hearing an appeal. The Chair of the hearing will rule on such potential conflict and the ruling shall be entered in the record of the hearing.

7-169. Appeal Hearing Procedure.

(a) An appeal hearing conducted by the Hospital Building Safety Board or a committee of the Board shall not be conducted in accordance with strict rules of evidence or courtroom procedure. During the hearing, the Chair may accept into the record without formal proof any generally accepted technical or scientific matter related to seismic, architectural, structural, mechanical, electrical, fire and life safety of health facilities. Hearsay evidence may be allowed for the purpose of supplementing or explaining other evidence, but shall not be sufficient in itself to support the findings.

(b) The Chair of the hearing shall determine the order of witnesses and presentation and introduction of documents, evidence and exhibits into the record of the hearing. The Chair may impose reasonable time limits, rule on admissibility of evidence, maintain decorum in the hearings, call recesses and rule on continuation of the hearings.

(c) The Chair may request counsel from the Office for advice on points of law.

(d) Prior to the closing of the hearing, the Chair shall announce either of the following:

1. The recommended decision of the committee of the Board.
2. The decision of the Board.

7-171. Decision on Appeal.

(a) Decision on an appeal heard by a committee of the Board shall be reached as follows:

1. If all parties agree to the decision recommended by a committee of the Board, the agreement and the names of parties to the appeal shall be entered in the record. The appeal action shall be considered terminated when all parties to the appeal have stipulated to the agreement in writing.

2. If all parties to the appeal do not agree with the decision recommended by a committee, the findings of fact, supporting documents, evidence, exhibits and decision recommended by the committee shall be transmitted to the Hospital Building Safety Board.

3. Within 30 business days after the findings of fact, supporting documents, evidence exhibits and a recommended decision are received, the Board shall hear final arguments from the appellant and render a decision on the appeal. The appellant, the appellant's counsel or the appellant's representatives may not introduce new evidence without approval of the Board.

(b) Decision on an appeal heard by or referred to the Hospital Building Safety Board shall be reached as follows:

1. The Board shall render a decision in public meeting and transmit such decision in writing to each party to the appeal hearing within 15 business days after the close of the hearing.

2. The Board may affirm, reverse or amend the ruling, order, decision or act being appealed or remand the issue for further study.

3. If the Board remands all or a portion of the issues at appeal for further study, the Board shall specify the issues or matters to be studied, who is to study the issues and completion dates for such further study.

4. Findings and recommendations from further study will be transmitted to all parties to the action prior to the Hospital Building Safety Board's public hearing for decision.

5. Within 30 business days of receipt of the findings and recommendations from further study of the issues, the Hospital Building Safety Board shall convene a public hearing to consider the findings and recommendations and arguments from the appellant or the appellant's representatives. The decision of the Hospital Building Safety Board shall be announced in a public hearing and transmitted in writing to all parties involved within 30 business days of the conclusion of the public hearing.

6. Decisions of the Hospital Building Safety Board shall become effective immediately upon their announcements by the Chair of the Board, unless otherwise specified by the Chair.

(c) Should the appellant determine he or she has been adversely affected by the decision of the Hospital Building Safety Board, the appellant may further appeal the issue for resolution by the California Building Standards Commission, in accordance with Health and Safety Code Section 18945.

ARTICLE 6 CONTRACTS

7-191. Contract Qualification Criteria.

(a) Individuals performing services under contracts entered into with the Office pursuant to Health and Safety Code Section 129855 shall meet the following qualifications:

1. Plan reviews shall be performed only by architects or engineers validly certified under Division 3 of the Business and Professions Code as follows:

A. Selection Criteria.

The director shall establish selection criteria which will comprise the basis for the selection of eligible firms or local government entities to independently perform the required architectural and engineering services. The criteria will include such factors as:

- (1) Professional experience in performing services of similar nature.
- (2) Knowledge of applicable codes, regulations and technology associated with the services required.
- (3) Quality and relevance of recently completed or ongoing work.
- (4) Reliability, continuity and proximity of firm or local government entity to the Office.
- (5) Demonstrated competence.

- (6) Staffing capability.
- (7) Education and experience of key personnel to be assigned.
- (8) Current workload and ability to meet review deadlines according to schedule.
- (9) Other technical factors the director deems relevant to the specific service to be performed.

These factors shall be weighed by the director according to the nature of the proposed project or service, the complexity and special requirements of the specific services, and the needs of the Office.

B. Announcement.

- (1) A statewide announcement of specific services sought from firms shall be published in the California State Contracts Register, in accordance with the Government Code (commencing with Section 14825), and whenever possible, in the publications of the respective professional societies. Failure of any professional society to publish the announcement shall not invalidate any contract. Services sought from the local government entities are exempt from advertising in the California State Contracts Register pursuant to standard State of California operating procedures.
- (2) The announcement for each proposed project or service shall include, at a minimum, a brief description of the project or services required, location, duration, submittal requirements, contact person for the Office, and the final response date for receipt of statements from firms of their demonstrated competence and professional qualifications.
- (3) The director shall identify potentially qualified minority, women and disabled veteran business enterprises and small businesses interested in contracting with the Office, and shall provide copies of announcements to those businesses that have indicated an interest in receiving the announcements. Failure of the director to send a copy of an announcement to any business shall not invalidate any contract.

C. Selection of Qualified Firms.

- (1) After the expiration of the final response date in the published announcement, the director shall review and evaluate the written responses to the announcement, using the selection criteria contained in Section 7-191(a)1A, and rank, in order of qualifications, the firms determined as eligible to perform the required services.
- (2) The director shall conduct discussions with at least the three most eligible firms, or a lesser number if fewer than three eligible firms have responded, to further expand on those qualifications and experience required to perform the

services sought. From the firms with which discussions are held, the director shall select, in order of qualification, not less than three firms, or lesser number if fewer than three eligible firms responded, deemed to be the most highly qualified to perform the required services.

D. Selection of Qualified Local Government Entities.

- (1) For specific services to be performed by local government entities, the director shall solicit, review and evaluate the qualifications of the local government entities using the selection criteria contained in Section 7-191(a)1A.
- (2) The director shall select, in order of qualification, those local government entities deemed to be the most highly qualified to perform the required services.

E. Estimate of Value of Services.

- (1) Before entering into fee negotiations with any firm or local government entity selected pursuant to Section 7-191(a)1C(2) or D, the Office shall prepare an estimate of the value of the proposed services based on accepted billable rates for comparable services.
- (2) At any time the director determines the Office's estimate to be unrealistic, the director shall require the estimate to be reevaluated and, if deemed necessary, modified. If the director modifies an estimate, negotiations will resume with the best qualified firm or local government entity.

F. Fee Negotiation with Firms.

- (1) The director shall ask firms selected pursuant to Section 7-191(a)1C(2) to submit a fee schedule of hourly billable rates. The director shall then attempt to negotiate hourly billable rates determined to be fair and reasonable with the firms, beginning with the best qualified and continuing with the remaining firms, in order of qualifications.
 - a. The firm negotiating with the director shall be given two opportunities to respond to the Office's request to meet the fair and reasonable estimate for hourly billable rates for the contract services;
 - b. The firm must respond within 7 business days to each request by the Office for a new estimate which either meets or does not exceed by more than 10 percent the Office's fair and reasonable estimate for hourly billable rates; and
 - c. If after the second attempt, the firm is nonresponsive or a satisfactory hourly billable rate cannot be negotiated, the director shall terminate negotiations with that firm.

- (2) After successful negotiations, a retainer contract will be executed with the firm. There may be multiple contracts awarded and each shall specify a contract period and monetary limitation. Work shall commence only upon execution of an assignment. Assignments will be negotiated pursuant to Section 7-191(a)1G.
- (3) For firms selected pursuant to Section 7-191(a)1C(2) to provide services for a specific project where the scope of work is extremely complex or unusual, fee negotiations will proceed in accordance with Section 7-191(a)1G.

G. Services Negotiations with Firms.

- (1) From among the firms selected in Section 7-191(a)1C(2), as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory assignment or contract with the best qualified firm at a compensation which the Office determines to be fair and reasonable.
 - a. The firm negotiating with the director shall be given two opportunities to respond to the Office's request to meet the fair and reasonable estimate for assignment or contract services;
 - b. The firm must respond within 7 business days to each request by the Office for a new estimate which either meets or does not exceed by 10% the Office's fair and reasonable estimate;
 - c. If after the second attempt, the firm is nonresponsive or a satisfactory rate cannot be negotiated, the director shall terminate negotiations with that firm; and
 - d. Negotiations with the next best-qualified firm shall commence.
- (2) The director shall continue the negotiation process with the remaining qualified firms, if any, in order of qualifications, until a satisfactory assignment or contract is reached. If unable to negotiate a satisfactory assignment or contract with any of the qualified firms, the director shall abandon the negotiation process for the required services.

H. Fee and Services Negotiation with Local Government Entities.

- (1) From among the local government entities selected in Section 7-191(a)1D(2), as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory contract with the best qualified local government entity at a compensation which the Office determines to be fair and reasonable.
- (2) If the director is unable to negotiate a satisfactory contract with the best qualified local government entity at a compensation which is determined to be fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the second best qualified local

government entity. If unable to negotiate a satisfactory contract with the second best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the third best qualified local government entity. If unable to negotiate a satisfactory contract with the third best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated.

The director shall continue the negotiation process with the remaining qualified local government entities, if any, in order of qualifications, until a satisfactory contract is reached. If unable to negotiate a satisfactory contract with any of the qualified local government entities, the Director shall abandon the negotiation process for the required services.

I. Amendments.

When the director determines that a change in the assignment or contract is necessary during the performance of the services, the parties may, by mutual consent, in writing, agree to modifications, additions or deletions in the general terms, conditions and specifications for the services involved, with an appropriate adjustment in the firm's or local government entity's compensation, if necessary.

J. Contracting in Phases.

When the director determines it is necessary or desirable for a project to be performed in separate phases, increments, or stages due to a change in design or scope of work, the director may negotiate compensation for the initial phase, increment or stage of the services required; provided, however, the director first determines that the firm selected is best qualified to perform the entire project. The assignment shall include a provision that the Office may, at its option, utilize the firm to perform other phases, increments or stages of the services under terms which the Office determines to be fair and reasonable, to be later negotiated and included in a mutual written agreement. In the event that the Office exercises its option under the contract to utilize the firm to perform other phases, increments or stages of the project, the procedures of this article regarding estimates of value of services and negotiation shall be followed.

K. Statewide Participation Goals.

In the negotiation of a satisfactory contract as provided in Section 7-191(a)1F and G, qualified firm(s) must meet the statewide participation goals for minority, women and disabled veteran business enterprises or demonstrate that a good faith effort was made to meet them. The best qualified firm shall comply with the statewide participation goals or demonstrate a good faith effort as required by the regulations contained in Title 2, California Code of Regulations, Sections 1896.61-1896.67 and 1896.90-1896.96.

L. Emergency.

When the director makes a finding that the public health, safety or welfare would be adversely affected in a significant way because insufficient time exists within which to implement the foregoing procedure to secure necessary services, the director may negotiate a contract for such services without the necessity of following such procedure, or any part thereof.

M. Unlawful Considerations.

Each contract shall include a provision by which the firm or local government entity warrants that the contract was not obtained or secured through rebates, kickbacks or other unlawful considerations either promised or paid to any Office employee. Failure to adhere to this warranty may be cause for contract termination and recovery of damages under the rights and remedies due the Office under the default provision of the contract.

N. Prohibited Relationships.

No Office employee who participates in the evaluation or selection process leading to award of a contract shall have a relationship with any of the firms or local government entity seeking that contract, if that relationship is subject to the prohibition of Government Code Section 87100.

**ARTICLE 7
TESTING AND INSPECTION**

Testing and inspection requirements are found in the California Building Standards Code.

**ARTICLE 8
CALIFORNIA BUILDING STANDARDS**

Architectural, mechanical, electrical, structural, and fire and life safety and accessibility standards are found in the California Building Standards Code.

**ARTICLE 19
CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORS**

7-200. Administration of Hospital Inspector Examination and Certification.

(a) The Office shall test and certify inspectors in one or more of the following classes:

1. Class "A" Hospital Inspector may inspect all areas of construction, including: architectural, mechanical, plumbing, electrical, fire and life safety, and structural elements.

2. Class "B" Hospital Inspector may inspect only the following areas of construction: architectural, mechanical, plumbing, electrical, fire and life safety, and anchorage of non-structural elements.

3. Class "C" Hospital Inspector may inspect one or more areas of construction specialty, including but not limited to the areas listed in Section 7-204(c)1, but may not inspect the complete scope of construction authorized for "A" or "B" inspectors

(b) In order to be certified in and perform the scope of responsibilities of a hospital inspector as specified in paragraph (a) (1), (2) or (3), an individual must be successful in the examination for that classification.

7-201. Location of Office.

All correspondence, applications and remittances related to the certification or recertification of Hospital Inspector shall be directed to: Office of Statewide Health Planning and Development, Facilities Development Division, 1600 Ninth Street, Room 420, Sacramento, CA 95814.

7-202. Filing Change of Name, Address or Telephone Number.

An applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Sacramento within 10 working days of that change. The information filed shall include both the new and former name, mailing address, or telephone number.

7-203. Applying for the Certification Examination.

(a) An applicant may apply for the Hospital Inspector Certification Exam by submitting to the Office the following items prior to the final filing date announced for a scheduled exam:

1. A completed application provided by the Office, shall be submitted to the Office in Sacramento and shall include the exam title, preferred examination location, applicant's name, mailing address and telephone number. An application for an examination is valid for one year commencing with the first available examination date.

2. Certificates, or transcripts indicating educational courses, completed by the applicant, which relate to the minimum qualifying requirements stated in Section 7-204.

3. Work verification form or letter from current and/or previous employer(s) regarding any job which meets the minimum qualifications for the certification examination and which includes the applicant's name, dates of employment, job description and employer's signature.

4. An "Application Review Fee" in the amount specified on a certification examination announcement for a scheduled exam and pursuant to Section 7-206.

(b) Incomplete submittals may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reason for non-acceptance.

(c) Upon review, verification and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination.

| 5. (Deleted)

7-204. Minimum Qualification for Examination

An applicant must meet the following criteria to be eligible to participate in the certification examination for a Class "A", "B", or "C" Hospital Inspector:

(a) Minimum Qualifications for Class "A" Hospital Inspector Exam:

1. High school graduation or the equivalent and six years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision [NOTE: Experience in subsection (a)1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as a mechanical, electrical, or civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's, or general contractor's representative in technical inspection or inspection supervision; or

3. High school graduation or the equivalent and two years of working experience as a Class "B" Hospital Inspector; or

4. Possess a valid California registration/license as a structural engineer or a valid California license as an architect.

(b) Minimum Qualifications for Class "B" Hospital Inspector Exam:

1. High school graduation or the equivalent and four years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision. [NOTE: Experience in subsection (b)1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as a civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractors' representative in technical inspection or inspection supervision; or

3. Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect.

(c) Minimum Qualifications for Class "C" Hospital Inspector Exam:

1. High school graduation or the equivalent and four years experience involving building projects as the representative in testing, inspection or observation of construction for an architect, engineer, owner, local building official, local fire authority, testing lab, specialty contractor or general contractor, and possess a valid certificate issued by:

| Fire Alarm – National Institute for the Certification of Engineering Technologies (NICET), Level III

Fire Extinguishing Systems – NICET, Level III

| Fire Resistive Construction – International Code Council (ICC) Building Inspector

| Certification Medical Gas Systems – National Inspection Testing Certification (NITC)

| Plumbing – International Association of Plumbing and Mechanical Officials (IAPMO) Certification

Mechanical – IAPMO Certification

Electrical – ICC Certification

Concrete (Prestressed and Reinforced) – ICC Certification

Masonry – ICC Certification

Steel – ICC Structural Steel Certification

| Welding – American Welding Society (AWS) Certification

Framing and Drywall – ICC Building Inspector Certification

Roofing – National Roofing Contractors Association

Anchorage/Bracing of Nonstructural Components – Certification to be administered by the Office

Architectural – Certification to be administered by the Office

In addition to these certification organizations listed, the Office may accept the equivalent certification by a state- or nationally-recognized organization. [NOTE: Experience in

subsection (c)(1) may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of [two years.]; or

2. Possess a valid California registration/license as an engineer and two years experience involving building projects as an architect's, engineer's, owner's, local building official's, local fire authority's, specialty contractor's or general contractor's representative in testing, inspection or observation of construction and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above; or

3. Possess a valid California registration/license as a structural, mechanical, or electrical engineer, or a valid California license as an architect and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above.

| (d) (Deleted)

7-206. Fees.

(a) Fees required pursuant to subsection (b), shall be transmitted by credit card, money order, cashier check, certified check or personal check, and payable to the Office of Statewide Health Planning and Development.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

| | |
|--|---|
| Application review | \$ 100.00 (nonrefundable) |
| Exam for Class "A" Inspector Certification | \$300.00 |
| Exam for Class "B" Inspector Certification | 300.00 |
| Exam for Class "C" Inspector Certification | \$100.00 (for each specialty certificate) |
| Recertification exam..... | 100.00 |
| Delinquency fee | 100.00 |
| Duplicate certificate..... | 25.00 |

| (c) An application review fee must accompany an application for a certification examination. This fee is nonrefundable.

(d) An exam fee shall be submitted by an applicant for a specified examination prior to participation in the examination.

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

(f) If the Office has a need to reschedule an exam, a qualified applicant who has submitted the exam fee prior to the reschedule will be either reimbursed or credited for the exam fee amount.

7-207. Examination for Certification.

(a) The Office shall administer an exam not less than once in every calendar year in the Sacramento and Los Angeles areas. The certification exam will consist of a written exam.

(b) The scope of the written certification examinations is as follows:

1. The examinations for Class "A" and "B" Hospital Inspectors will measure the applicant's ability to read and understand construction documents; ability to identify and understand the application of various California Building Standards Code requirements; knowledge of appropriate inspector duties and ability to communicate in writing. The test will be divided into sections covering the following code enforcement areas of construction inspection, where applicable: structural, architectural, mechanical, electrical, fire and life safety, and administrative.
2. The examination for Class "C" Hospital Inspectors will measure the applicant's ability to identify and understand the application of various California Building Standards Code requirements; knowledge of appropriate inspector duties and ability to communicate in writing. The candidate's inspection certification, pursuant to Section 7-204(c)(1) above, may be substituted for the technical aspect of the written certification examination for Class "C" Hospital Inspector.

(c) In order to be successful in the Class "A" and "B" certification exam, a candidate must obtain a passing score of at least 75 percent in each section of the written exam.

(d) In order to be successful in the Class "C" certification exam, a candidate must obtain an overall passing score of at least 75 percent.

(e) It is not necessary for a candidate who has passed the administrative section of the Class "A", "B" or "C" certification exam to retake this section if the candidate applies for additional certification(s) within three years of passing the administrative section of the exam.

7-208. Conduct Relative to the Examination.

(a) An applicant who participates in any of the following acts before, during or after the administration of the examination, shall be disqualified by the Office. The applicant shall not:

1. Copy any portion of the exam.
2. Participate in collusion regarding the exam.
3. Disclose the contents of the examination questions to anyone other than a person authorized by the Office.
4. Solicit, accept or compile information regarding the contents of the examination.

5. Falsify documents required for exam entrance.

(b) If an applicant is disqualified from the exam, it shall result in denial of the application and forfeiture of fees submitted to the Office as specified in Section 7-206.

7-209. Reexamination.

(a) A candidate who has failed an examination may participate in a reexamination no sooner than six months from the exam previously taken by the candidate.

(b) An applicant or candidate who is disqualified from an examination may not participate in an examination or reexamination for a period of one year from the date of disqualification.

(c) The applicant may refile for an examination by submitting an application, documents and fees pursuant to Sections 7-203 and 7-206.

7-210. Issuance of Certification.

(a) If a candidate is successful in the certification or recertification examination, a certificate will be issued to the Hospital Inspector by the Office. Certificate will expire three years from the date of issuance with the following exception:

1. Certification may be revoked or suspended pursuant to Section 7-214.

(b) A duplicate certificate will be granted to a Hospital Inspector for replacement of an original certificate that is lost, destroyed or mutilated upon written request and payment of the duplication fee, as required in Section 7-206.

7-211. Renewal of a Hospital Inspector Certificate.

(a) A Hospital Inspector shall participate in a written recertification exam prior to the expiration of the certification in order to renew and maintain valid certification.

(b) To be eligible for the recertification exam, a Hospital Inspector shall meet the following minimum criteria:

1. Possess a valid unexpired Hospital Inspector Certificate (or Construction Inspector of Health Facilities Certificate) or an expired certificate which meets the delinquency criteria in subsection (c).

2. Complete a seminar conducted, sponsored, or cosponsored by the Office within the three-year certification period.

3. Submit a recertification exam fee pursuant to Section 7-206.

(c) Expired certification may be renewed after the expiration date, but within six months past that date. The Hospital Inspector will be required to pay a delinquency fee, pursuant to Section 7-206, in order to recertify during the six-month delinquency period.

(d) The scope of the recertification exam will be a written test measuring the Hospital Inspector's knowledge of new and/or revised California Building Standards Codes, new construction materials and inspection procedures.

7-212. Approval of Hospital Inspector of Record for Construction Projects.

(a) It is incumbent upon the hospital governing board or authority and the architect or structural engineer, or both, in responsible charge of the work, or the engineer in responsible charge of the work, to select the appropriate inspector(s) for a project. The hospital governing board or authority shall submit to the Office an application for each Hospital Inspector of Record proposed to perform construction inspection on a specified hospital construction project. The hospital governing board or authority shall obtain Office approval of proposed Hospital Inspector(s) of Record prior to commencement of the hospital construction project in accordance with Section 7-135.

(b) The Office shall not approve a proposed Hospital Inspector of Record for a specified hospital construction project if the Office determines one of the following:

1. The Hospital Inspector of Record applicant does not hold a valid Hospital Inspector certificate pursuant to the provisions of these regulations.

2. The Hospital Inspector is not appropriately certified in the class of inspection required for the scope of the construction project. The Class "C" inspector does not possess a current certificate for the area of inspection proposed per Section 7-204(c)1.

3. The Hospital Inspector is a former Office employee pursuant to subsection (c) and is within the one year restriction period governing the Office's approval of an inspector.

4. The Hospital Inspector is committed to a workload outside the specified hospital construction project and is unable to allot adequate time to perform the work on the specified construction project, as determined by the process set forth in subsection (d).

5. The Hospital Inspector is the architect or engineer in responsible charge of the work for the construction project specified on the Hospital Inspector of Record application.

EXCEPTION: The Office may approve the architect or engineer in responsible charge of the work, when in the determination of the Office: (A) the project scope, duration and complexity do not merit a separate individual to serve as the Hospital Inspector of Record, and (B) the ability of the Office to obtain accurate and impartial inspection will not be jeopardized.

(c) A former employee of the Office who performed field inspections/observations or supervised staff performing field inspections/observations during employment with the Office shall not be approved for a project by the Office as a Hospital Inspector of Record within one

year from the effective date of separation from the Office.

(d) When the Office determines that the cumulative workload of a Hospital Inspector of Record applicant appears excessive and may hinder competent and adequate inspection of a specified hospital construction project, the Office may request that the Hospital Inspector of Record applicant submit a written plan including a work schedule and indicating a means to perform inspection on the specified hospital construction project.

The Office will consider specific work-related factors when reviewing the Hospital Inspector's work schedule to determine approval, pursuant to subsection (b) 4. The work-related factors are limited to the following:

1. The geographic location of current work sites,
2. The scope of current projects,
3. The current phase of each project, and
4. The number of current projects.

(e) When an inspector is approved by the Office, written notification will be sent to the hospital governing board or authority; the architect and/or engineer in responsible charge of the construction project; and the inspector of record applicant. The inspector must be in possession of this approval notice prior to commencement of construction.

(f) A Hospital Inspector of Record who has been approved by the Office must maintain valid certification throughout the term of the specified project in order to remain a Hospital Inspector of Record on the project. The Office shall rescind approval of a Hospital Inspector of Record on a project if the inspector does not comply with this provision.

7-213. Monitoring of the Hospital Inspector of Record's Performance.

When the Office determines that a Hospital Inspector of Record has violated a provision of these regulations or that the inspector is not competently or adequately providing inspection of a facility to ensure the hospital construction is in compliance with the construction documents, the Office will notify that inspector, the hospital governing board or authority, and the architect and/or engineer in responsible charge. The written notification will include the Office's findings, reference to the statute and/or regulation being violated, and statement of the Office's intent to issue a "stop work" order unless the violation ceases and is rectified immediately.

7-214. Suspension or Revocation of Certification.

A Hospital Inspector Certificate issued by the Office may be suspended or revoked by the Office if the certificate holder misrepresents any facts presented to the Office, pursuant to these regulations.

7-215. Appeals.

(a) The applicant, candidate or certificate holder may submit a written request for an appeal within 60 days of any determination by the Office pursuant to this article and accompanied by a detailed statement of reasons.

(b) The Deputy Director of the Office or designee shall review the issue and when requested appoint a peer board of appeals to hear the issue and recommend resolution. The Deputy Director will review the recommendation and render a final decision.

(c) The peer board of appeals shall consist of a minimum of three Hospital Inspectors, one Regional Compliance Officer, one Compliance Officer, one architect, one structural engineer, and one hospital representative.

(d) The applicant, candidate or certificate holder may appeal the decision to the Hospital Building Safety Board, pursuant to Section 7-159 of these regulations.

7-216. Verification of Citizenship or Qualified Alien Status. (Deleted)

ARTICLE 20 REPAIR OF EARTHQUAKE DAMAGE

7-300. Plan Review and Approval.

(a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).

(b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an earthquake, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

(c) Plan reviews for earthquake damage repairs will be performed on a priority basis. The application for plan review should clearly state that the scope of the project is to repair the damage from the earthquake. Where possible, reviews will be made over the counter.

(d) Plan review fees shall be payable for all damage repair projects as per the following:

1. 1.64 percent of estimated construction costs for hospitals.
2. 1.50 percent of estimated construction cost for skilled nursing facilities (SNF) or intermediate care facilities (ICF).

3. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

4. An examination fee where review of existing plans is required. The fee will be calculated on a time and material basis at the prevailing hourly rates applicable for the review personnel.

(e) Office recommends predesign conference with architects/engineers to resolve code issues relevant to the repair projects.

7-301. Appeals.

The Hospital Building Safety Board shall act as a board of appeals with regard to disagreements between the Office and hospital/SNF/ICF authorities on interpreting the repair policy or the establishment of the degree of damage. (Section 7-159 of Administrative Regulations for the Office)

7-302. Pre-1973 Structures.

These hospital buildings were approved for construction by local building departments prior to March 7, 1973.

(a) All structural repairs shall be made to conform to vertical load requirements of the California Building Code (CBC).

(b) Where lateral load resisting capacity of the building at any level is reduced by 5 percent or less due to earthquake damage, the repairs may be made with the same construction as before, subject to structural detailing requirements of the CBC.

(c) Where lateral load resisting capacity of the building at any level is reduced by more than 5 percent but not more than 10 percent due to earthquake damage, the repairs shall be made in accordance with Section 3411A.3.2.2 of the CBC.

(d) Where lateral load resisting capacity of the building at any level is reduced by more than 10 percent due to earthquake damage, the repairs shall be made such that the primary structural system and the seismic bracing of other components and systems shall conform to the requirements of Section 3411A.3.2.3 of the CBC.

(e) Where earthquake repairs consist of alterations which involve removal of one or more entire stories, permission for repairs will be granted if lateral load resisting capacity of the remaining structure is not reduced. (Section 3411A.3.2.4 CBC)

(f) Repair/reconstruction of structures should comply with the design and detailing requirements of engineering materials stated in Chapters 19A, 20, 21A, 22A and 23, as applicable, and applicable fire-resistive requirements of the CBC.

(g) Epoxy injection repairs shall be in accordance with the 2007 California Building Code Section 1917A.2

(h) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with Section 3403A.2.3 of the CBC

7-303. Post-1973 Structures.

These hospital structures were approved for construction by the Office of the State Architect or Office after March 7, 1973. They are also referred to in the regulations as approved existing buildings.

(a) Repairs to the damage shall be made to restore the load carrying capacities of the affected elements per Section 3411A.3.1 of the CBC.

(b) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with Section 3403A.2.3 of the CBC.

7-304. Type V Single Story SNF or ICF.

(a) All structural repairs shall be made to conform to vertical load requirements of the CBC.

(b) Repair of damage of seismic anchorage of equipment shall comply with the CBC.

(c) Where damage has reduced the lateral load capacity by more than 10% in any one line of the lateral force resisting system in the building, repairs of structural elements shall conform to Section 3403.2.3 of the CBC.

7-305. All Hospital Buildings.

(a) Where architectural, mechanical, electrical, fire and life safety systems and components damaged by the earthquake are to be replaced, new systems and components shall comply with the current applicable Title 24 codes where practicable in consultation with the Office.

(b) Where the repairs to earthquake damage are required in accordance with Sections 7-302 or 7-303, hospital facilities may reopen, after temporary repairs, for a limited period of time subject to the following:

1. Temporary repairs: The hazard resulting from damage to the facility is abated and the facility is at least restored to its pre-earthquake condition or its equivalent.

2. Permanent repairs/retrofit: The hospital successfully negotiates with the Office a time bound plan for the permanent repairs/retrofit of the damaged facilities required by these regulations.

ARTICLE 21
PLAN REVIEW, BUILDING INSPECTION AND CERTIFICATION OF SURGICAL CLINICS,
CHRONIC DIALYSIS CLINICS AND OUTPATIENT SERVICES CLINICS

7-2100. Scope of Responsibilities.

(a) Except as otherwise provided in these regulations, a city or county building jurisdiction shall be responsible for plan review and building inspection of new construction or alteration of clinic facilities specified in 7-2100 (a) (1), (2) (3) and 4 and shall also provide certification that the clinic facilities identified in 7-2100(a) (1), (2) and (3) are in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code. For clinic facilities identified in 7-2100 (a) (1), (2) or (3), construction or alteration shall include buildings converted to the specific purpose.

1. Surgical clinic as defined in Health and Safety Code, Section 1204(b)(1).

2. Chronic dialysis clinic as defined in Health and Safety, Code Section 1204(b)(2).

3. Surgical and/or chronic dialysis clinic building which is freestanding from a building where hospital services are provided and as defined in Health and Safety Code, Section 129725(b)(1).

4. Any building where hospital outpatient clinical services are provided that is freestanding from a hospital building, as defined in Health and Safety Code, Section 129725(a), except those buildings identified in 7-2100(a) (3).

(b) The city or county shall not establish or apply building standards for the construction or alteration of hospital licensed freestanding clinics, as described in Section 7-2100(a)(3) and (4), which are more restrictive or comprehensive than comparable building standards established or applied to clinic facilities which are not hospital licensed pursuant to Health and Safety Code, Chapter 1 (commencing with Section 1200) of Division 2.

7-2101. Surgical Clinic and Chronic Dialysis Clinic Project Submittal to the Local Building Jurisdiction.

(a) The governing authority or owner of a clinic, as described in Section 7-2100(a)(1) and (2), shall submit construction plans to the city or county, as applicable, for plan review, building inspection and certification. Certification by the local building jurisdiction shall indicate that the project clinic is in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code.

EXCEPTION: Notwithstanding Section 7-2100(a)(1) and (2), the governing authority or owner may request the Office to perform the plan review and certification, pursuant to Section 7-2102.

(b) Upon the clinic's initial submittal of project plans, the city or county shall advise the governing authority or owner, in writing, of its decision that plan review services will either include certification or not include certification.

(c) If the city or county indicates to the governing authority or owner that it will include certification with plan review of the specified clinic project, the city or county shall:

1. Review plans to all applicable provisions in the latest edition of the California Building Standards Code and;

2. Provide written certification to the applicant within 30 days of completion of construction that the applicable clinic provisions have been met.

(d) If the city or county indicates to the applicant that it will not include certification with plan review of the specified clinic project, the city or county shall review the plans to the provisions of the latest edition of the California Building Standards Code, excluding the clinic provisions. The governing authority or owner shall also submit the following items to the Office:

1. A completed application, construction documents for the clinic project, pursuant to Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

(e) The Office shall review the construction documents to determine whether or not the clinic project meets the applicable clinic provisions in the latest edition of the California Building Standards Code.

(f) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the clinic applicant with written certification that the project design construction documents meet the clinic provisions in the latest edition of the California Building Standards Code.

(g) Building construction inspection for the clinic project shall be performed by the local jurisdiction.

7-2102. Request for the Office to Provide Plan Review for Surgical Clinics and Chronic Dialysis Clinics.

(a) If the governing authority or owner of a clinic, as described in Section 7- 2100(a) (1) or (2), elects to request the Office to provide plan review services for a clinic project, in lieu of the city or county, the request shall be submitted to the Office in writing. The Office will consult

with the applicable local building jurisdiction prior to acceptance or nonacceptance of the plan review request and subsequently notify the clinic, in writing, of its decision.

(b) If the Office agrees to provide plan review and certification services for the governing authority or owner, the applicant shall submit the following items to the Office:

1. A completed application, design construction documents for the clinic project, pursuant Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

(c) The Office shall review the plans to all applicable provisions in the latest edition of the California Building Standards Code.

(d) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the applicant with written certification that the project construction documents meet the applicable clinic provisions in the latest edition of the California Building Standards Code.

(e) Building construction inspection for the project clinic shall be performed by the local building jurisdiction. Therefore, the governing authority or owner shall submit to the city or county applicable project documents required for these building inspection services.

7-2103. Hospital Outpatient Services Clinic Project Submittal to Local Building Jurisdiction.

(a) The hospital governing authority or owner of a freestanding outpatient services clinic, as described in Section 7-2100(a) (3) or (4), shall submit construction plans to the city or county, as applicable, for plan review and building inspection, pursuant to this section or may request the Office to perform plan review and building inspection, pursuant to Section 7-2104. Certification by the local building jurisdiction that the project clinic is in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code is also required for clinics described in 7-2100(a)(3).

(b) If the hospital governing authority or owner of a clinic as described in Section 7-2100(a)(3), initially submits clinic plans to the city or county for plan review, the city or county shall respond to the clinic owner, in writing, stating its decision of whether or not the plan review will include certification.

(c) If the city or county indicates to the hospital governing authority or owner that it will include certification with plan review of the specified clinic project, the city or county shall:

1. Review plans to all applicable provisions in the latest edition of the California Building Standards Code and;

2. Provide written certification to the applicant within 30 days of completion of construction that the applicable clinic provisions have been met.

(d) If the city or county indicates to the hospital governing authority or owner that it will

not include certification with plan review of the specified clinic project, the city or county shall review the plans to the provisions of the latest edition of the California Building Standards Code, excluding the clinic provisions. The applicant shall also submit the following items to the Office:

| 1. A completed application, design construction documents for the clinic project, pursuant to Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

| (e) The Office shall review the construction documents for certification to determine whether or not the clinic project meets the applicable clinic provisions in the latest edition of the California Building Standards Code.

| (f) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the clinic applicant with certification that the project design construction documents meet the applicable clinic provisions in the latest edition of the California Building Standards Code.

(g) Building construction inspection for the project clinic shall be performed by the local building jurisdiction.

7-2104. Plan Review and Building Inspection by the Office for Hospital Outpatient Services Clinics.

(a) The hospital governing authority as described in Section 7-2100(a)(3) or (4), may requests that the Office perform plan review and building inspection for a clinic project, in lieu of the city or county performing these services⁷. This ~~the~~ request shall be submitted to the Office in writing.

(b) The Office, shall perform the requested plan review and building inspection services when the hospital governing authority submits the following items to the Office:

| 1. A completed application, design construction documents for the clinic project, pursuant to Section 7-113; and

2. A fee, pursuant to Section 7-2106.

| (c) For clinic facilities described in Section 7-2100(a)(3), upon completion of the building construction and receipt of all applicable fees, the Office will provide certification that the construction documents and construction comply with the applicable provisions in the California Building Standards Code.

(d) A clinic building which has been accepted by the Office, pursuant to paragraph (a) of this section, shall remain under the jurisdiction of the Office for plan review and building inspection of any subsequent alterations, unless the hospital governing authority or owner submits written notification to the Office, requesting the applicable city or county building

jurisdiction to conduct plan review and building inspection for subsequent construction projects of the specified clinic.

7-2105. "Hospital Building " Designation of a Freestanding Hospital-owned Clinic.

(a) A building which is under the Office's jurisdiction, pursuant to Section 7-2104(d) may be designated as a "hospital building" by the hospital governing authority or owner under the following conditions:

1. The hospital governing authority or owner submits written notification to the Office indicating the determination to designate the building as a "hospital building" and;

2. The subject building remains under the jurisdiction of the Office for plan review and building inspection.

(b) A building designated as a "hospital building", pursuant to Section 7-2105(a), shall be reviewed and inspected to verify compliance with the standards and requirements for a hospital building, as defined in Health and Safety Code, Part 7, Chapter 1, (commencing with Section 129675).

7-2106. Fees for Review of Specified Clinics.

(a) Fees for plan review services of clinic buildings described in Section 7-2100(a)(1), (2) and (3), shall be in an amount not to exceed the actual cost of performing the services.

EXCEPTION: When the Office accepts a request from the hospital governing authority or owner to perform plan review and building inspection services for those buildings described in Section 7-2100(a)(3), the fee requirements of Section 7-133 (a)(1) which apply to hospital buildings shall also apply to the project building.

(b) When the Office accepts a request from the hospital governing authority or owner to perform plan review and building inspection services for those buildings described in Section 7-2100(a)(4), the fee requirements of Section 7-133 (a)(1) which apply to hospital buildings shall also apply to the project building.

(c) Fees shall be paid as follows:

1. A non-refundable filing fee of \$250.00 shall accompany the application for plan review. This filing fee will be applied toward the total fees due for the project.

2. After a preliminary review of the required documents received and determination of the services to be performed, the Office will provide an estimate of the total review fee due based on costs to be incurred.

3. The applicant shall submit payment of the estimated fee prior to start of the plan review and building inspection services.

4. If during the review/inspection process it appears that actual costs will exceed the

estimate by more than five percent (5%), the applicant will be informed that additional fees, not to exceed the actual cost will be due and payable immediately upon project completion.

5. All applicable fees for a completed project shall be paid prior to certification by the Office.

7-2107. Fee Refund.

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written request must be submitted to the office within:
 - a. One year of the date of written certification of compliance with the applicable clinic provisions.
 - b. One year of the date the project is withdrawn by the applicant.
 - c. The time limits specified in Section 7-134 for building(s) as described in Section 7-2104.
2. No refund shall be issued before written certification is provided, or the project is withdrawn or closed.
3. Refunds shall be exclusive of the \$250 filing fee.
4. Refunds shall be calculated pursuant to Section 7-2107(b), (c) or (d).

(b) Fees paid for a project, involving a building(s) as described in Section 7-2100 (a) (1), (2), or (3), which exceed the actual cost for performing plan review and inspection services by more than five percent (5%), shall be refunded by the Office.

EXCEPTION: Refunds for building(s) described in Section 7-2104 shall be calculated pursuant to the applicable requirements of Section 7-134.

(c) If an applicant withdraws a project that has been submitted to the Office for plan review of a building(s), as described in Section 7-2100 (a) (1), (2) or (3), the unexpended balance of fees paid to the Office for actual cost of plan review services provided shall be refunded to the applicant.

EXCEPTION: Refunds for building(s) described in Section 7-2104 shall be calculated pursuant to the applicable requirements of Section 7-134.

(d) If an applicant requests a refund of fees for a project that has been submitted to the Office for plan review and building inspection, as described in Section 7-2100(a) (4), a fee may be refunded to the applicant pursuant to the applicable requirements of Section 7-134.